INSURANCE OFFER

AARP | Life Insurance Program from NEW YORK LIFE

Non-smoker and smoker rates available.
Current monthly rates shown here are for a 60-year-old male non-smoker.

CU0359430-31330359574-50 00042 T01475 2353 NTT

Prepared for:
Mr. Jeff Burke
2420 E. Morgan Ave.
Evansville, IN 47711-4421

Insurance Amount	Cost
$ 10,000	$24
$ 50,000	$94
$100,000	$171

Term rates increase over time. See the enclosed rate chart for complete details.

Dear Mr. Burke:

When asked why they buy life insurance, the top reasons people give are to help loved ones with funeral costs, replace lost income and to help pay off the mortgage.*

If you want to provide for your family in this way, AARP Level Benefit Term Life from New York Life Insurance Company may be for you. **It's valuable term life insurance with simplified underwriting — exclusively for AARP members. And, you can join AARP and apply at the same time.**

At your current age of 60, it costs 79¢ a day to leave your family $10,000 in cash.[1] That's less than a cup of coffee.[2]

This coverage requires **no medical exam**. Acceptance is based on your answers to health questions and other information. You don't need to be in perfect health to get accepted.

Applying is simple. Just complete the enclosed form safely from home, then return it by mail in the postage-paid envelope provided. You will normally hear back from us in about two weeks.

This group coverage is backed by New York Life, one of the country's oldest and most financially secure life insurers for more than 175 years. The AARP Life Insurance Program from New York Life paid over $10 billion in claims to help families like yours. New York Life is built for times like these, so you can count on us to be there when you need us.

Please respond by October 7, 2021. Join AARP and apply today. It only takes a few minutes. If you have questions about the insurance, please call New York Life at 1-800-259-1092.

Sincerely,

Jason Montgomery

Jason Montgomery
Corporate Vice President, New York Life
AARP Life Insurance Program

P.S. Everything you need to apply for this valuable insurance is enclosed — just complete and mail the form. Or apply online at nylcoverage.com.

INSURANCE DESCRIPTION

Eligibility
AARP Level Benefit Term Life from New York Life Insurance Company is exclusively for AARP members ages 50–74. It's not available to the general public. To join AARP and apply, simply complete and return the short Enrollment Form.

No Medical Exam
Acceptance is based on your answers to health questions and other information you provide or give us permission to obtain. You don't need to be in perfect health to get accepted.

Protection to Age 80
You can keep this group term insurance until age 80 regardless of changes in your health, as long as premiums are paid on time and there are no material misrepresentations about your medical history[3] in your application.

Coverage Won't Decrease
Benefits are guaranteed not to decrease until insurance ends at age 80.

Premiums are arranged in five-year age bands and will increase as you enter each new band. See the enclosed rate chart for full details.

No Waiting Period
This insurance provides full benefits from the day coverage goes into effect.

Exchange Privilege
This term insurance can be exchanged for permanent life insurance without a medical exam at any time before the insurance ends. Rates will be based on your age at that time.

Premium Waiver
Premiums are waived after 180 consecutive days of certain qualified nursing home confinements ordered by your doctor. Coverage continues without premium payments for the rest of your stay, no matter how long that is.[4]

Generally Tax Free
Benefits paid to your beneficiary are non-taxable income in most cases.

APPLY NOW

Complete and mail the enrollment form, or

Visit nylcoverage.com

Call New York Life at 1-800-259-1092

8 a.m. to 8 p.m. (Eastern Time) Monday through Friday, or 9 a.m. to 5 p.m. Saturday

AARP® | Life Insurance Program from NEW YORK LIFE

Find Your Current Rates Here

CURRENT MONTHLY RATES — **WOMEN**

	Non-Smoker					Smoker†				
Issue Age	$10,000	$20,000	$30,000	$50,000	$100,000	$10,000	$20,000	$30,000	$50,000	$100,000
45–49	$10	$13	$17	$23	$39	$14	$22	$30	$46	$84
50–54	11	16	20	29	52	17	27	38	58	110
55–59	13	19	26	38	69	20	34	48	76	144
60–64	17	27	38	58	108	28	50	72	116	222
65–69	21	36	51	81	154	38	69	100	162	314
70–74	33	60	87	141	272	62	117	172	282	550

CURRENT MONTHLY RATES — **MEN**

	Non-Smoker					Smoker†				
Issue Age	$10,000	$20,000	$30,000	$50,000	$100,000	$10,000	$20,000	$30,000	$50,000	$100,000
45–49	$12	$18	$24	$36	$62	$20	$33	$46	$72	$130
50–54	14	22	30	45	79	23	40	57	90	164
55–59	18	30	42	65	116	31	56	81	130	238
60–64	24	42	59	94	171	43	79	116	188	348
65–69	31	55	80	128	236	56	106	156	256	478
70–74	42	78	113	184	342	79	151	224	368	690

Premiums above are the rates New York Life currently charges. Your initial premium is based on your age at issue; premiums increase as you enter each new five-year age band and will be based on the current rates at that time. Premiums are not guaranteed; however, your rates may change only if they are changed for all others in the same class of insureds. Age bands end at ages 75–79. For other ages and rates or higher coverage options, call New York Life at 1-800-259-1092.

† Includes all forms of tobacco and nicotine use within the last 12 months.

☑ **$12 SAVINGS**

Choose the automatic payment option on your first bill and save $1 off the monthly rates shown above when you have premium payments automatically deducted from your bank account.

Join AARP and Enjoy All the Perks of Membership

The AARP Life Insurance Program is an exclusive benefit of AARP membership. But if you're not yet a member, joining is quick and easy — just check off the box at the top of your Enrollment Form. Becoming a member gives you access to numerous discounts and advantages, like:

- Money-saving deals at your favorite restaurants and retailers
- Access to insurance coverage for health, auto, home, and more
- Travel discounts on car rentals, hotels — even cruises and tours
- Discounted tickets for movies, shows, and concerts
- Subscription to *AARP The Magazine* and *AARP Bulletin*
- Membership included FREE for your spouse or partner

Your first life insurance statement will include your AARP membership fee — **just $16** for a full year. **This will be the only time this charge will appear on your life insurance statement.** Yearly renewal fees will be billed separately by AARP.

Take advantage of AARP membership today. The discounts alone could pay for the cost of membership — and much more!

To join AARP without applying for life insurance, check the box on the top of the Enrollment Form only, and return in the envelope provided.

Exclusion: If death results from suicide in the first two years, benefits will not be paid. **Missouri and North Dakota residents:** The suicide exclusion applies only for one year.

Arkansas residents: The licensed life insurance agent is Jason Montgomery — license #611214.

* LIMRA, 2020 Insurance Barometer Study

[1] Term rates increase over time. Premium shown is a non-smoker rate. See the enclosed rate chart for complete details.

[2] Average daily cup of coffee is $2.99. "Why the price of your morning coffee could get more expensive," MarketWatch, July 2019.

[3] During the first two years, New York Life reserves the right to cancel your insurance if your Enrollment Form contains material misrepresentations about your medical history.

[4] The nursing home must be primarily engaged in providing skilled nursing care under the supervision of a licensed physician. Nursing home does not include a home or facility used primarily for rest; for the care of drug addicts or alcoholics; for the care and treatment of mental diseases or disorders; or for custodial care. Premiums will be waived until age 80 if you are in a nursing home. At that time, you can exchange your coverage for permanent life insurance.

Underwriting Information: In addition to the information that is furnished in the application, we may use your signed authorization to request medical information and prescription drug history from your physician, hospital or other health care provider, MIB Inc., pharmacy, pharmacy benefit manager or medical information retrieval service. We may disclose information we collect about you as required or permitted by law.

You have a right of access to certain personal information we maintain in our files about you. You may request correction, amendment, or deletion of any information to which you may have access. You may receive a full description of your rights to access, correct, amend or delete information by writing to us at the address on the Enrollment Form.

Information regarding your insurability will be treated as confidential. New York Life or its reinsurers may, however, make a brief report to MIB Inc., a not-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its Members. If you apply for life or health insurance coverage or a benefits claim is submitted with another MIB Member company, MIB or New York Life will supply that company with the information in its file upon request.

To request that MIB disclose any information in its file to you, please call 1-866-692-6901. If you question the accuracy of the information, you may seek a correction in accordance with federal Fair Credit Reporting Act procedures. MIB's information office address is 50 Braintree Hill Park, Suite 400, Braintree, MA 02184-8734, and the Web site is www.mib.com.

The AARP Life Insurance Program is underwritten by New York Life Insurance Company, New York, NY 10010. AARP membership is required for Program eligibility. Specific products, features and/or gifts not available in all states or countries. (Group policy form AA-74 issued in the District of Columbia.)

New York Life Insurance Company pays royalty fees to AARP for the use of its intellectual property. These fees are used for the general purposes of AARP. AARP and its affiliates are not insurers. AARP has established the AARP Life Insurance Trust to hold group life insurance policies for the benefit of AARP members.

Complete terms and conditions are set forth in the group policy issued by New York Life to the Trustee of the AARP Life Insurance Trust.

☐ I want to become an AARP member. I understand I will be billed $16.00 for a full year of membership.

Member Enrollment Form

Request for Group Insurance • AARP Level Benefit Term Life

AARP® | Life Insurance Program from NEW YORK LIFE

Please respond by: October 7, 2021

X510-421-227

New York Life Insurance Company
5505 West Cypress • Tampa, FL 33607-1707
nylcoverage.com

Please complete in ink — all sections must be complete to apply.

STEP 1 MEMBER ENROLLMENT

Mr. Jeff Burke
2420 E. Morgan Ave.
Evansville, IN 47711-4421

Social Security No: - -

Date of Birth: Gender: Male Female

Current Height: Feet Inches Current Weight: Pounds

In the past 12 months, have you used tobacco or nicotine in any form?
Yes No

Coverage Amount Requested (please check only one coverage)

$10,000 $20,000 $30,000 $50,000 $100,000

Daytime Phone #:

Email Address:

Beneficiary Designation (If more than one beneficiary is designated, proceeds will be divided equally unless you indicate a share.)

Beneficiary Name:

Relationship to You: Share:

Beneficiary Name:

Relationship to You: Share:

SPOUSE/PARTNER ENROLLMENT (can apply even if member does not)

First Name:

Last Name:

Social Security No: - -

Date of Birth: Gender: Male Female

Current Height: Feet Inches Current Weight: Pounds

In the past 12 months, have you used tobacco or nicotine in any form?
Yes No

Coverage Amount Requested (please check only one coverage)

$10,000 $20,000 $30,000 $50,000 $100,000

Daytime Phone #:

Email Address:

Beneficiary Designation (If more than one beneficiary is designated, proceeds will be divided equally unless you indicate a share.)

Beneficiary Name:

Relationship to You: Share:

Beneficiary Name:

Relationship to You: Share:

STEP 2 PAYMENT OPTIONS (choose one option)

I wish to be billed (check one) **Monthly** **Quarterly** **Semi-annually** **Annually**

CONTINUE ON BACK
Complete and sign back before mailing

Form GPA-A8.4(1) 4D8L0H M60-50 NTT 31330359574 3537-02 N-L10-AFT 0921 NM-IN-NL10AF 0921

STEP 3 HEALTH AND HISTORY

Each applicant MUST check YES or NO for all questions. Note: A YES answer may not automatically disqualify you.

	MEMBER	SPOUSE
1. In the past 12 months, have you:		
► consulted a doctor or medical professional, or had treatment or diagnostic tests of any type (excluding routine annual physical)?	☐ YES ☐ NO	☐ YES ☐ NO
► needed help from a person or device to independently walk, bathe, or dress?	☐ YES ☐ NO	☐ YES ☐ NO
► taken or been prescribed any medications?	☐ YES ☐ NO	☐ YES ☐ NO
2. In the past 5 years, have you:		
► been admitted to or confined in a hospital, nursing home, extended care, or special treatment facility?	☐ YES ☐ NO	☐ YES ☐ NO
► received in home medical therapy or assistance?	☐ YES ☐ NO	☐ YES ☐ NO
► had treatment or medication, or been diagnosed by a doctor or medical professional as having any of the following? (check all that apply below):	☐ YES ☐ NO	☐ YES ☐ NO

	MEMBER	SPOUSE		MEMBER	SPOUSE
Heart Trouble	☐	☐	Asthma and/or COPD	☐	☐
Stroke	☐	☐	Liver Disease	☐	☐
Cancer	☐	☐	Kidney Disease	☐	☐
Diabetes Requiring Insulin	☐	☐	Immune System Disorder	☐	☐
Drug or Alcohol Abuse	☐	☐	HIV or AIDS	☐	☐

3. For every question answered "Yes," provide details, such as: condition(s), date(s) of onset, treatment, medicine and dosage.

MEMBER:

SPOUSE:

STEP 4 READ AND SIGN BELOW

Is the insurance applied for intended to replace, discontinue or change any existing insurance or annuity? ..... ☐ YES ☐ NO

The information on this form is true and complete to the best of my knowledge and belief. False or incomplete answers may cause benefits to be denied within the first two years. I understand AARP membership is needed for coverage eligibility. If I am approved, this life insurance will begin on the Insurance Date shown on my Certificate, provided I pay my premiums when due. Paying a premium before the Insurance Date does not mean coverage is in force. I will promptly notify New York Life ("NYL") in writing if there are changes in my health before the Insurance Date that would cause me to provide different answers to the health questions on this application. Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. Any attempt to defraud NYL may also result in a loss of coverage.

I authorize any physician, hospital, health care provider, pharmacy, pharmacy benefit manager, medical information retrieval service, or consumer reporting agency to release my medical information, prescription drug history, motor vehicle report, and other information to NYL or reinsurers to determine my eligibility for insurance, evaluate or contest a claim, or for reinsurance or other insurance purposes. MIB Inc., or any insurance company may release information about me to NYL, or its reinsurers, in connection with this life insurance. Also, NYL or its reinsurers, may provide a brief report about me to MIB. This information may be subject to further disclosure as required by law and may not be protected by rules pertaining to this authorization. This authorization may be used for 24 months from the date signed, and I may revoke it by writing to NYL, unless NYL has already used it or issued coverage. This authorization is a condition of obtaining this insurance, and I will receive a copy of this signed and dated form.

X _____ / / X _____ / /

Jeff Burke Must Sign If Applying. (Please Do Not Print.) Today's Date Spouse/Partner Must Sign If Applying. (Please Do Not Print.) Today's Date

N-L10-ABT 0921 69

Form GPA-A8.4(1) 4D8L0H M60-50 NTT 31300069674 3637-02 NM-IN-NL10AB 0921