

TRUSTMARK LIFE INSURANCE COMPANY OF NEW YORK PRE-ENROLLMENT PACKET

This packet of information is to assist you in the NYSUT Telephone Enrollment.

There is no need for you to complete the forms in this packet. Simply review the materials prior to calling your benefit counselor call center and they will walk you through the entire process.

Life Buyer's Guide (P485-714 NY R12-13)	This guide can help you when you shop for life insurance. It discusses how to: <ul style="list-style-type: none">• find a policy that meets your needs and fits your budget• decide how much insurance you need• make informed decisions when you buy a policy
Outline of Coverage (OC-HH/LTC.205 V2 (I) NY)	This outline of coverage provides a very brief description of the important features of the convalescent care rider. You should compare this outline of coverage to outlines of coverage for other riders or policies available to you. This is a summary of coverage. If you purchase this coverage, or any other coverage, it is important that you READ YOUR RIDER AND POLICY CAREFULLY!
Electronic Signature Consent Notice (ELEC SIGN CONSENT NY)	This electronic signature consent notice acknowledges that that you may request a non-electronic version of the application and agree to complete the application by electronic means. You authorize Trustmark Life Insurance Company of New York or its Agent to print "Electronically Acknowledged" on the signature line of the application form.
Blank copy of Application (L-205 (I) NY R11-12)	This application contains plan selection, applicant information, proposed insured information, benefit riders, amount of insurance, amount of premium, beneficiary information, application questions, acknowledgement, authorization, your signature, agent signature and sign date.
Investigate Consumer Report Notification (P321-6 NY)	This notice of information practice is in compliance with public Law 91-508, an investigative consumer report may be made within the next few days which will provide applicable and relevant material concerning character, general reputation, personal characteristics and mode of living. Information regarding your insurability will be treated as confidential.
Interim Coverage Agreement (ITE 205 (I) NY)	This form explains that coverage under the policy and all additional riders attached is effective as of the date of application if you are eligible for insurance, premium collection is authorized; premium is collected by the first scheduled premium collection date, and you are insurable for insurance exactly as applied for without modification of plan, premium rate, or amount, according to the Company's rules and practices.
Acknowledgement and Authorization (P321-7 NY R1211)	You authorize the entities listed in this authorization to give Trustmark Life Insurance Company of New York, and through it, to its reinsurers any data or records including pharmaceutical records that are individually identifiable in the entities' possession about the mental or physical health of me or any proposed insured in this authorization. You acknowledge that you have received and read a copy of the company's Investigative Consumer Report Notification which includes: 1) Fair Credit Reporting Act; 2) MIB, Inc.; and 3) the Notice of Information Practices.
Sample Quote Member Under Age 65 (A112-2405_TULE-35)	This is a sample quotation. All mailed issued policies will include a personalized quotation. If you would like to have a personalized quotation prior to your application, please email us at NYSUTQuotation@trustmarkbenefits.com and include your name, and date of birth. We will provide your personalized quotation within 5 business days.
Sample Quote Member Over Age 65 (A112-2404_TUL-35)	This is a sample quotation. All mailed issued policies will include a personalized quotation. If you would like to have a personalized quotation prior to your application, please email us at NYSUTQuotation@trustmarkbenefits.com and include your name, and date of birth. We will provide your personalized quotation within 5 business days.
Sample Quote Child Policy (A112-2407_TULC-10)	This is a sample quotation. All mailed issued policies will include a personalized quotation. If you would like to have a personalized quotation prior to your application, please email us at NYSUTQuotation@trustmarkbenefits.com and include your name, and date of birth. We will provide your personalized quotation within 5 business days.
Disclosure Statement for Accelerated Death Benefit (ABR APP DISC NY)	This disclosure statement for accelerated death benefit informs you of payable amounts (based on generic demonstration) if you are diagnosed as terminally ill.

New York

LIFE INSURANCE BUYER'S GUIDE

This guide can help you when you shop for life insurance. It discusses how to:

- Find a Policy That Meets Your Needs and Fits Your Budget
- Decide How Much Insurance You Need
- Make Informed Decisions When You Buy a Policy

Prepared by the
National Association of
Insurance Commissioners

The National Association of Insurance Commissioners is an association of state Insurance regulatory officials. This association helps the various insurance departments to coordinate insurance laws for the benefit of all consumers.

This guide does not endorse any company or policy.

IMPORTANT THINGS TO CONSIDER

1. Review your own insurance needs and circumstances. Choose the kind of policy that has benefits that most closely fit your needs. Ask an agent or company to help you.
2. Be sure you can handle premium payments. Can you afford the initial premium? If the premium increases later and you still need insurance, can you still afford it?
3. Don't sign an insurance application until you review it carefully to be sure all the answers are complete and accurate.
4. Don't buy life insurance unless you intend to stick with your plan. It may be very costly if you quit during the early years of the policy.
5. Don't drop one policy and buy another without a thorough study of the new policy and the one you have now. Replacing your insurance **may be costly**.
6. Read your policy carefully. Ask your agent or company about anything that is not clear to you.
7. Review your life insurance program with your agent or company every few years to keep up with changes in your income and your needs.

Buying Life Insurance

When you buy life insurance, you want coverage that fits your needs.

First, decide how much you need – and for how long – and what you can afford to pay. Keep in mind the major reason you buy life insurance is to cover the financial effects of unexpected or untimely death. Life insurance can also be one of many ways you plan for your future.

Next, learn what kinds of policies will meet your needs and pick the one that best suits you.

Then, choose the combination of policy premium and benefits that emphasizes protection in case of early death, or benefits in case of long life, or a combination of both.

It makes good sense to ask a life insurance agent or company to help you. An agent can help you review your insurance needs and give you information about the available policies. If one kind of policy doesn't seem to fit your needs, ask about others. This guide provides only basic information. You can get more facts from a life insurance agent or company or from your public library.

What About the Policy You Have Now?

If you are thinking about dropping a life insurance policy, here are some things you should consider:

- If you decide to replace your policy, don't cancel your old policy until you have received the new one. You then have a minimum period to review your new policy and decide if it is what you wanted.
- It may be costly to replace a policy. Much of what you paid in the early years of the policy you have now, paid for the company's cost of selling and issuing the policy. You may pay this type of cost again if you buy a new policy.
- Ask your tax advisor if dropping your policy could affect your income taxes.
- If you are older or your health has changed, premiums for the new policy will often be higher. You will not be able to buy a new policy if you are not insurable.
- You may have valuable rights and benefits in the policy you now have that are not in the new one.
- If the policy you have now no longer meets your needs, you may not have to replace it. You might be able to change your policy or add to it to get the coverage or benefits you now want.
- At least in the beginning, a policy may pay no benefits for some causes of death covered in the policy you have now.

In all cases, if you are thinking of buying a new policy, check with the agent or company that issued you the one you have now. When you bought your old policy, you may have seen an illustration of the benefits of your policy. Before replacing your policy, ask your agent or company for an updated illustration. Check to see how the policy has performed and what you might expect in the future, based on the amounts the company is paying now.

How Much Do You Need?

Here are some questions to ask yourself:

- How much of the family income do I provide? If I were to die early, how would my survivors, especially my children, get by? Does anyone else depend on me financially, such as a parent, grandparent, brother or sister?
- Do I have children for whom I'd like to set aside money to finish their education in the event of my death?
- How will my family pay final expenses and repay debts after my death?
- Do I have family members or organizations to whom I would like to leave money?
- Will there be estate taxes to pay after my death?
- How will inflation affect future needs?

As you figure out what you have to meet these needs, count the life insurance you have now, including any group insurance where you work or veteran's insurance. Don't forget Social Security and pension plan survivor's benefits. Add other assets you have: savings, investments, real estate and personal property. Which assets would your family sell or cash in to pay expenses after your death?

What Is the Right Kind of Life Insurance?

All policies are not the same. Some give coverage for your lifetime and others cover you for a specific number of years. Some build up **cash values** and others do not. Some policies combine different kinds of insurance, and others let you change from one kind of insurance to another. Some policies may offer other benefits while you are still living. Your choice should be based on your needs and what you can afford.

There are two basic types of life insurance: **term insurance** and **cash value insurance**. Term insurance generally has lower premiums in the early years, but does not build up cash values that you can use in the future. You may combine cash value life insurance with term insurance for the period of your greatest need for life insurance to replace income.

Term insurance covers you for a term of one or more years. It pays a death benefit only if you die in that term. Term insurance generally offers the largest insurance protection for your premium dollar. It generally does not build up cash value.

You can renew most term insurance policies for one or more terms even if your health has changed. Each time you renew the policy for a new term, premiums may be higher. Ask what the premiums will be if you continue to renew the policy. Also ask if you will lose the right to renew the policy at some age. For a higher premium, some companies will give you the right to keep the policy in force for a guaranteed period at the same price each year. At the end of that time you may need to pass a physical examination to continue coverage, and premiums may increase.

You may be able to trade many term insurance policies for a cash value policy during a conversion period – even if you are not in good health. Premiums for the new policy will be higher than you have been paying for the term insurance.

Cash Value Life Insurance is a type of insurance where premiums charged are higher at the beginning than they would be for the same amount of term insurance. The part of the premium that is not used for the cost of insurance is invested by the company and builds up cash value that may be used in a variety of ways. You may borrow against a policy's cash value by taking a policy loan. If you don't pay back the loan and the interest on it, the amount you owe will be subtracted from the benefits when you die, or from the cash value if you stop paying premiums and take out the remaining cash value. You can also use your cash value to keep insurance protection for a limited time or to buy a reduced amount without having to pay more premiums. You also can use the cash value to increase your income in retirement or to help pay for needs such as a child's tuition without canceling the policy. However, to build up this cash value, you must pay higher premiums in the earlier years of the policy. Cash value life insurance may be one of several types; whole life, universal life and variable life are all types of cash value insurance.

Whole Life Insurance covers you for as long as you live if your premiums are paid. You generally pay the same amount in premiums for as long as you live. When you first take out the policy, premiums can be several times higher than you would pay initially for the same amount of term insurance. But they are smaller than the premiums you would eventually pay if you were to keep renewing a term policy until your later years.

Some whole life policies let you pay premiums for a shorter period such as 20 years, or until age 65. Premiums for these policies are higher since the premium payments are made during a shorter period.

Universal Life Insurance is a kind of flexible policy that lets you vary your premium payments. You can also adjust the face amount of your coverage. Increases may require proof that you qualify for the new death benefit. The premiums you pay (less expense charges) go into a policy account that earns interest. Charges are deducted from the account. If your yearly premium payment plus the interest your account earns is less than the charges, your account value will become lower. If it keeps dropping, eventually your coverage will end. To prevent that, you may need to start making premium payments, or increase your premium payments, or lower your death benefits. Even if there is enough in your account to pay the premiums, continuing to pay premiums yourself means that you build up more cash value.

Variable Life Insurance is a kind of insurance where the death benefits and cash values depend on the investment performance of one or more separate accounts, which may be invested in mutual funds or other investments allowed under the policy. Be sure to get the prospectus from the company when buying this kind of policy and **STUDY IT CAREFULLY**. You will have higher death benefits and cash value if the underlying investments do well. Your benefits and cash value will be lower or may disappear if the investments you chose didn't do as well as you expected. You may pay an extra premium for a guaranteed death benefit.

Life Insurance Illustrations

You may be thinking of buying a policy where cash values, death benefits, dividends or premiums may vary based on events or situations the company does not guarantee (such as interest rates). If so, you may get an illustration from the agent or company that helps explain how the policy works. The illustration will show how the benefits that are not guaranteed will change as interest rates and other factors change. The illustration will show you what the company guarantees. It will also show you what *could* happen in the future. Remember that nobody knows what will happen in the future. You should be ready to adjust your financial plans if the cash value doesn't increase as quickly as shown in the illustration. You will be asked to sign a statement that says you understand that some of the numbers in the illustration are not guaranteed.

Finding a Good Value in Life Insurance

After you have decided which kind of life insurance is best for you, compare similar policies from different companies to find which one is likely to give you the best value for your money. A simple comparison of the premiums is not enough. There are other things to consider. For example:

- Do premiums or benefits vary from year to year?
- How much do the benefits build up in the policy?
- What part of the premiums or benefits is not guaranteed?
- What is the effect of interest on money paid and received at different times on the policy?

Remember that no one company offers the lowest cost at all ages for all kinds and amounts of insurance. You should also consider other factors:

- How quickly does the cash value grow? Some policies have low cash values in the early years that build quickly later on. Other policies have a more level cash value build-up. A year-by-year display of values and benefits can be very helpful. (The agent or company will give you a policy summary or an illustration that will show benefits and premiums for selected years.)
- Are there special policy features that particularly suit your needs?
- How are nonguaranteed values calculated? For example, interest rates are important in determining policy returns. In some companies increases reflect the average interest earnings on all of that company's policies regardless of when issued. In others, the return for policies issued in a recent year, or group of years, reflects the interest earnings on that group of policies; in this case, amounts paid are likely to change more rapidly when interest rates change.

Addendum to Life Insurance Buyer's Guide

After you have decided which kind of life insurance fits your needs, look for a good buy. Your chances of finding a good buy are better if you use two types of index numbers that have been developed to aid in shopping for life insurance. One is called the "Surrender Cost Index" and the other is the "Net Payment Cost Index." It will be worth your time to try to understand how these indexes are used, but in any event, use them only for comparing the relative costs of similar policies. **LOOK FOR POLICIES WITH LOW COST INDEX NUMBERS.**

What is Cost?

“Cost” is the difference between what you pay and what you get back. If you pay a premium for life insurance and get nothing back, your cost for the death protection is the premium. If you pay a premium and get something back later on, such as a cash value, your cost is smaller than the premium.

The cost of some policies can also be reduced by dividends; these are called “participating” policies. Companies may tell you what their current dividends are, but the size of future dividends is unknown today and cannot be guaranteed. Dividends actually paid are set each year by the company.

Some policies do not pay dividends. These are called “guaranteed cost” or “nonparticipating” policies. Every feature of a guaranteed cost policy is fixed so that you know in advance what your future cost will be.

The premiums and cash values of a participating policy are guaranteed, but the dividends are not. Premiums for participating policies are typically higher than for guaranteed cost policies, but the cost to you may be higher or lower, depending on the dividends actually paid.

What are Cost Indexes?

In order to compare the cost of policies, you need to look at:

1. Premiums
2. Cash Values
3. Dividends

Cost Indexes use one or more of these factors to give you a convenient way to compare relative costs of similar policies. When you compare costs, an adjustment must be made to take into account that money is paid and received at different times. It is not enough to just add up the premiums you will pay and to subtract the cash values and dividends you expect to get back. These indexes take care of the arithmetic for you. Instead of having to add, subtract and multiply and divide many numbers yourself, you just compare the index numbers which you can get from life insurance agents and companies.

1. **Life Insurance Surrender Cost Index.** This index is useful if you consider the level of the cash values to be of primary importance to you. It helps you compare costs if at some future point in time, such as 10 or 20 years, you were to surrender the policy and take its cash value.
2. **Life Insurance Net Payment Cost Index.** This index is useful if your main concern is the benefits that are to be paid at your death and if the level of cash values is of secondary importance to you. It helps you compare costs at some future point in time, such as 10 or 20 years, if you continue paying premiums on your policy and do not take its cash value.

There is another number called the Equivalent Level Annual Dividend. It shows the part dividends play in determining the cost index of a participating policy. Adding a policy's Equivalent Level Annual Dividend to its cost index allows you to compare total costs of similar policies before deducting dividends. However, if you make any cost comparisons of a participating policy with a non-participating policy, remember that the total cost of the participating policy will be reduced by dividends, but the cost of the non-participating policy will not change.

How Do I Use Cost Indexes?

The most important thing to remember when using cost indexes is that a policy with a small index number is generally a better buy than a comparable policy with a larger index number. The following rules are also important:

1. Cost comparisons should only be made between similar plans of life insurance. Similar plans are those which provide essentially the same basic benefits and require premium payments for approximately the same period of time. The closer policies are to being identical, the more reliable the cost comparison will be.

2. Compare index numbers only for the kind of policy, for your age and for the amount you intend to buy. Since no one company offers the lowest cost for all types of insurance at all ages and for all amounts of insurance, it is important that you get the indexes for the actual policy, age and amount which you intend to buy. Just because a Shopper's Guide tells you that one company's policy is a good buy for a particular age and amount, you should not assume that all of that company's policies are equally good buys.
3. Small differences in index numbers could be offset by other policy features, or differences in the quality of service you may expect from the company or its agent. Therefore, when you find small differences in cost indexes, your choice should be based on something other than cost.
4. In any event, you will need other information on which to base your purchase decision. Be sure you can afford the premiums, and that you understand its cash values, dividends and death benefits. You should also make a judgment on how well the life insurance company or agent will provide service in the future, to you as a policyholder.
5. These life insurance cost indexes apply to new policies and should not be used to determine whether you should drop a policy you have already owned for a while, in favor of a new one. If such a replacement is suggested, you should ask for information from the company which issued the old policy before you take action.

Reprinted by

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TRUSTMARK INSURANCE LIFE COMPANY OF NEW YORK
(Herein "company")
126 South Swan Street, Suite 203
Albany, New York 12210
866-949-6036

CONVALESCENT CARE BENEFIT RIDER
OUTLINE OF COVERAGE
Rider Form HH/LTC.205 (I) NY

NOTICE TO THE BUYER: The rider may not cover all of the costs associated with long term care incurred by the buyer during the period of coverage. The buyer is advised to review carefully all rider limitations.

CAUTION: The rider is issued to you based upon your responses to the questions on your application. A copy of your application is enclosed or was retained by you when you applied for the rider. If your answers fail to include all material information requested, the company has the right to deny benefits or rescind your rider. The best time to clear up any questions is now, before a claim arises! If, for any reason, any of your answers are incorrect, contact Our administrative office at the following address: Trustmark Life Insurance Company of New York, PO Box 7962, Lake Forest, IL 60045-7962.

1. The rider is an individual rider which is issued in the state of New York.

The rider is intended to be a qualified long-term care insurance contract under Section 7702B(b) of the Internal Revenue Code. The rider is not a health insurance rider and is not subject to the minimum requirements of New York Law pertaining to long-term care insurance. The rider does not qualify for the New York Long-Term Care Partnership Program, and is not a Medicare Supplement Policy. The rider is intended to be a qualified long-term care insurance contract for federal tax law only.

2. **PURPOSE OF OUTLINE OF COVERAGE.** This outline of coverage provides a very brief description of the important features of the rider. You should compare this outline of coverage to outlines of coverage for other riders or policies available to you. This is not an insurance contract, but only a summary of coverage. Only the individual rider and your Policy contain governing contractual provisions. This means that the individual rider and your Policy set forth in detail the rights and obligations of both you and the insurance company. Therefore, if you purchase this coverage, or any other coverage, it is important that you READ YOUR RIDER AND POLICY CAREFULLY!
3. **TERMS UNDER WHICH RIDER MAY BE RETURNED AND PREMIUM REFUNDED.** You may return the rider within 30 days after you receive it, and company will refund any cost of insurance which you paid for the rider. The rider does not contain a provision providing for a refund or partial refund of premium upon the death of an insured or surrender of the contract or rider.
4. **THIS IS NOT MEDICARE SUPPLEMENT COVERAGE.** If you are eligible for Medicare, review the Medicare Supplement Buyer's Guide available from the insurance company.

Neither Trustmark Life Insurance Company of New York nor its agents represent Medicare, the federal government, or any state government.

5. **COVERAGE FOR QUALIFIED LONG-TERM CARE SERVICES.** Riders of this category are designed to provide coverage for one or more necessary or medically necessary diagnostic, preventive, therapeutic, rehabilitative, maintenance, or personal care services, provided in a setting other than an acute care unit of a hospital, such as in a nursing home, in the community or in the home.

The rider provides coverage in the form of a monthly benefit for services provided by a Long Term Care Facility, Assisted Living Facility, Home Health Care Agency and Adult Day Care Center to the

extent that these services are Qualified Long Term Care Services. The monthly benefit will be paid without regard to the expenses incurred for such Qualified Long Term Care Services subject to the rider and Policy limitations.

6. BENEFITS PROVIDED BY THE RIDER.

To the extent that the services are Qualified Long Term Care Services, the rider will provide benefits for:

- services provided in a Long Term Care Facility during confinement or Assisted Living Facility;
or
- services for Home Health Care or Adult Day Care.

There are no deductibles and no waiting periods for the rider.

Benefit Maximum: The greater of 4% of the Death Benefit Amount or 4% of the Face Amount provided that such does not exceed the maximum amount eligible under section 7702B(d) of the Internal Revenue Code and all other applicable sections of federal law for favorable tax treatment.

Benefits payable for institutional and non-institutional are the same.

Eligibility for Payment of Benefits: The following conditions must be met to qualify for benefits:

- The insured is Chronically Ill.
- The Licensed Health Care Practitioner must approve a Plan of Care in writing prescribing services that are to be provided to the Insured. The Insured must receive the services prescribed under the approved Plan of Care while this rider is in force.
- At least once every 12 months following a prior certification of Chronic Illness, and for as long as the Insured continues to be ill, the Licensed Health Care Practitioner:
 1. Must again certify that the Insured's Chronic Illness is expected to continue for at least 90 days; and
 2. Either approve a new Plan of Care, or reconfirm the existing Plan of Care in writing.

Chronically Ill or Chronic Illness means that the Insured has been certified, within the preceding 12 months, by a Licensed Health Care Practitioner as:

- Being unable to perform without substantial assistance from another individual at least two Activities of Daily Living for a period of at least 90 days as a result of loss of functional capacity;
or
- Requiring substantial supervision to protect the Insured from threats to health and safety caused by Severe Cognitive Impairment.

Activities of Daily Living means any of the following basic human functional abilities required for the insured to remain independent:

- Bathing;
- Contenance;
- Dressing;
- Eating;
- Going to the toilet and
- Transferring.

Severe Cognitive Impairment means deterioration or loss of intellectual capacity that is:

- Comparable to (and includes) Alzheimer's disease and similar forms of irreversible dementia; and
- Measured and confirmed by clinical evidence and standardized tests that reliably measure impairment in the following areas:
 1. Short or long term memory;
 2. Orientation as to person, place and time;
 3. Deductive and abstract reasoning; and

4. Judgment as it relates to safety awareness.

7. LIMITATIONS AND EXCLUSIONS. The rider does not pay benefits for loss:

- Due to mental, psychoneurotic or personality disorders without clinically diagnosed organic disease. However, nervous or mental disorders which are caused by clinically diagnosed organic disease, such as Alzheimer's Disease and related degenerative and dementing illnesses are covered.
- Due to treatment or care received while outside the United States and its possessions.
- Due to alcoholism or drug addiction, unless the addiction results from administration of drugs for treatment prescribed by a Licensed Health Care Practitioner.
- In any facility contracted for or operated by the United States Government when there is no cost to the insured.
- In any facility for which no charge is made to the insured.
- Due to illness, treatment or medical conditions arising out of:
 - war or act of war (whether declared or undeclared);
 - participation in a felony, riot or insurrection;
 - service in the armed forces or units auxiliary thereto; or
 - suicide, attempted suicide or intentionally self-inflicted Injury.
- Which does not satisfy all the conditions stated in the provision captioned Conditions on Eligibility for Benefits.

THE RIDER MAY NOT COVER ALL THE EXPENSES ASSOCIATED WITH YOUR LONG TERM CARE NEEDS.

8. RELATIONSHIP OF COST OF CARE AND BENEFITS. Because the costs of long-term care services will likely increase over time, you should consider whether and how the benefits of the plan may be adjusted.

The level of benefits under the rider is directly related to the death benefit under the Policy. If your Policy has Death Benefit Option A, the death benefit is generally related to the Face Amount of the Policy and, therefore, would remain level. Whereas, if your Policy has Death Benefit Option B, the death benefit normally increases over time as it includes the Accumulated Value. The level of benefit may be increased by increasing the death benefit of the Policy to which the rider is attached, but only before benefits begin. Any increase in the Policy death benefit is subject to the terms of the Policy. The cost for any additional benefit added as described above will be calculated on the same basis as the level of benefits prior to the increase.

You may have the option to apply for additional benefits. The total Face Amount cannot exceed \$300,000. Additional premium will be calculated in the same manner as the premium calculated for the rider initially purchased, and may be subject to underwriting.

9. ALZHEIMER'S DISEASE AND OTHER ORGANIC BRAIN DISORDERS. The rider provides coverage for insureds clinically diagnosed as having Alzheimer's disease or related degenerative and dementing illnesses. Coverage includes loss due to nervous or mental disorders which are caused by demonstrable, clinically diagnosed organic disease, such as Alzheimer's Disease and related degenerative and dementing illnesses.

10. PREMIUM. Total annual premium for benefits selected: _____

11. ADDITIONAL FEATURES. Issuance of the rider is subject to the insured furnishing evidence of insurability satisfactory to company, and may be subject to medical underwriting.

**Trustmark Life Insurance Company of New York
126 South Swan Street, Suite 203
Albany, NY 12210**

ELECTRONIC SIGNATURE CONSENT NOTICE

I acknowledge that I may request a non-electronic version of the application and I agree to complete the application by electronic means. I acknowledge that I will not myself physically sign the application but instead I hereby authorize Trustmark Life Insurance Company of New York or its Agent to print "Electronically Acknowledged" on the signature line of the application and I agree that such printing shall be treated as a valid signature for all purposes on the application. I acknowledge that Trustmark Life Insurance Company of New York or its Agent has verified my identity for this purpose in accordance with any applicable law or regulation. The application form will then be attached and made a part of the Policy.

SECTION A. APPLICANT INFORMATION

Employer: _____ Employee I.D. #: _____ Annual Salary: \$ _____

Full-Time
 Part-Time

Location: _____ Department: _____ Email Address: _____

Social Security No. _____ Date of Hire: _____ Home Phone No. _____

Employee: _____ Birth Date: _____ Sex: M F Deduction Mode: 52 26 24 20
 12 11 10 _____

Home Address: (Street) _____ (City) _____ (State) _____ (Zip) _____

SECTION B. LIFE INSURANCE Complete Questions 1 through 10. Answers to these questions apply to both the Proposed Insureds and all Dependent Children for whom coverage is applied.

1. Proposed Insured	Birth Date	Age	Birth State	Height	Weight
1 <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> G <input type="checkbox"/> M <input type="checkbox"/> F					
1a. <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> G <input type="checkbox"/> M <input type="checkbox"/> F					

2. Prop. Insured	Increase to Coverage #	Convalescent Care Benefit Rider	Accidental Death Benefit Rider	Waiver of Premium Rider
1 _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1a. _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Prop. Insured	Amount of Insurance	Amount Purchased by premium payment of	UL Death Benefit Level Increase	EZ Value Weekly Increase - Duration
1	\$ _____	\$ _____ / _____	<input type="checkbox"/> A <input type="checkbox"/> B	<input type="checkbox"/> \$1-5 yrs <input type="checkbox"/> \$1-10 yrs <input type="checkbox"/> \$2-5 yrs
1a.	\$ _____	\$ _____ / _____	<input type="checkbox"/> A <input type="checkbox"/> B	<input type="checkbox"/> \$1-5 yrs <input type="checkbox"/> \$1-10 yrs <input type="checkbox"/> \$2-5 yrs

Beneficiary

1 Name: First M.I. Last	Address	City	State	Zip
Phone	Social Security	Date of Birth	Relationship	
1a Name: First M.I. Last	Address	City	State	Zip
Phone	Social Security	Date of Birth	Relationship	
1 Name: First M.I. Last	Address	City	State	Zip
Phone	Social Security	Date of Birth	Relationship	
1a Name: First M.I. Last	Address	City	State	Zip
Phone	Social Security	Date of Birth	Relationship	

Contingent Beneficiary, if any

1 Name: First M.I. Last				Address City State Zip			
Phone		Social Security		Date of Birth		Relationship	
1a Name: First M.I. Last				Address City State Zip			
Phone		Social Security		Date of Birth		Relationship	

4. Children's Term Insurance Rider. \$5,000 \$10,000. List all dependent children who are under age 24 and proposed for coverage. Children's Term Insurance Rider is part of the coverage on the life of:
 Proposed Insured #1 or Proposed Insured #1a. Use the Remarks Box or attach a separate sheet of paper for additional dependents, if any.

Name		Address: City		State		Zip	
Social Security Number		Date of Birth		Relationship			
Does the Dependent Child have an existing life insurance policy? <input type="checkbox"/> Yes <input type="checkbox"/> No				If yes, provide amount of death benefit			
Name		Address: City		State		Zip	
Social Security Number		Date of Birth		Relationship			
Does the Dependent Child have an existing life insurance policy? <input type="checkbox"/> Yes <input type="checkbox"/> No				If yes, provide amount of death benefit			
Name		Address: City		State		Zip	
Social Security Number		Date of Birth		Relationship			
Does the Dependent Child have an existing life insurance policy? <input type="checkbox"/> Yes <input type="checkbox"/> No				If yes, provide amount of death benefit			
Name		Address: City		State		Zip	
Social Security Number		Date of Birth		Relationship			
Does the Dependent Child have an existing life insurance policy? <input type="checkbox"/> Yes <input type="checkbox"/> No				If yes, provide amount of death benefit			

	<u>Proposed Insured 1</u>	<u>Proposed Insured 1a</u>	<u>Dependent Children</u>	
5. If applying for a Child/Grandchild universal life policy, provide the amount of life insurance that the Child/Grandchild has in force.	\$ _____	\$ _____	N/A	
6. Will this insurance replace, in whole or in part, any life, accident and sickness, long-term care insurance or annuity? If yes, provide name of company and amount of insurance under "Remarks or Special Requests."	<u>Yes</u> <u>No</u>	<u>Yes</u> <u>No</u>	<u>Yes</u> <u>No</u>	<u>Yes</u> <u>No</u>
To the best of your knowledge and belief:	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
7. Does anyone proposed for coverage smoke cigarettes or during the past 12 months has anyone proposed for coverage smoked cigarettes?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	N/A	N/A
8. Is any person to be insured now disabled, been seen by a physician or treated in a medical facility, including a doctor's office, within the last 6 months for illness or disease (other than flu and colds)?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
9. Has any person to be insured been treated for, or diagnosed by a member of the medical profession as having, Acquired Immune Deficiency Syndrome (AIDS) or AIDS-Related Complex (ARC)?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
10. Has any person to be insured within the past 5 years received medical treatment or counseling, or participated in a rehabilitation program, for alcohol or drug abuse?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

	<u>Proposed Insured 1</u>		<u>Proposed Insured 1a</u>		<u>Dependent Children</u>	
11. a. Does anyone proposed for coverage have another long-term care insurance policy, certificate or rider in force? i) If so, with which company? ii) If so, provide amount of insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	N/A
b. Did any one proposed for coverage have another long-term care insurance policy, certificate or rider in force during the last 12 months? (1) If "Yes," which insurer? (2) If that coverage lapsed, when did it lapse?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	N/A
c. Is anyone proposed for coverage covered by a state assistance program (Medicaid)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	N/A
d. Do you intend to replace any of your medical or health insurance coverage with this rider?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	N/A

If yes to either Question 8, 9, or 10 or if Application is Simplified Issue, Complete Question 12.

12. Has any person to be insured: a. Had, within the past 5 years: heart disease; chest pains; high blood pressure; stroke; diabetes; cancer; tumor; kidney disease; blood disorder (excluding any testing for HIV antibodies); liver disease; lung disease; or other known health impairments?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Seen a medical practitioner in the past 12 months for anything other than a routine physical examination?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. If you answered "YES" to questions 8, 9, 10 or 12 give details below or attach a separate sheet of paper:

Question	Person to whom it applies	Illness/Injury/Details	Date of last Visit	Doctor's Name/Address/Phone

Remarks or Special Requests – Attach a separate sheet of paper if necessary.

To the best of my knowledge and belief all statements and answers given in this application about me or my dependents are complete and true. I agree that all such statements and answers shall be made part of any insurance issued.

Under penalties of perjury, I certify:

- (1) that the Social Security number shown above is correct; and
- (2) the IRS has not told me that I am subject to backup withholding.

I understand that: 1) the insurance will be effective on the date assigned by Trustmark Life Insurance Company of New York; and 2) I must be actively at work at my employer named above on the first premium payroll deduction date, to be eligible for insurance. I certify that I received no illustration in the sale of this life insurance Policy. I understand that an illustration conforming to the Policy as issued will be provided no later than at the time of Policy delivery.

Acknowledgment - I have received and read a copy of the Company's Investigative Consumer Report Notification which includes: 1) Fair Credit Reporting Act; 2) MIB, Inc. formerly known as the Medical Information Bureau; and 3) the Notice of Information Practices which includes the investigative consumer reports notification. I acknowledge that an investigative consumer report may be made and that I may ask to be interviewed for this report. I hereby authorize such a report. Information for consumers about MIB, Inc. may be found at www.mib.com. If this application is taken electronically, I have also read and received a copy of the Electronic Signature Consent Notice.

If coverage applied for includes the Convalescent Care Benefit Rider, You have the option to designate an additional contact to receive notification that coverage applied for herein is in jeopardy of lapse or termination because of nonpayment of premium. We will notify You of Your right to change the designation every two years.

I elect the option by indicating the name and address of my designated contact below.

Designee Name _____

Designee's Address _____

Waiver of designation of additional contact

Protection against unintended lapse. I understand that I have the right to designate at least one person other than myself to receive notice of lapse or termination of this life insurance policy with Convalescent Care Benefit Rider for nonpayment of premium. I understand that notice will not be given until 30 days after a premium is due and unpaid.

I elect NOT to designate a person to receive this notice.

Authorization - I authorize the entities listed in this authorization to give Trustmark Life Insurance Company of New York, and through it, to its reinsurers and MIB, Inc. any data or records in the entities possession about any proposed insureds or my mental or physical health. This authorization applies to data or records about any child age 14.5 or younger proposed for insurance in this application. This authorization is for: any medical practitioner; hospital; clinic or other medically related facility; pharmacy; Pharmacy Benefit Manager; insurance company; MIB, Inc.; or other organization, institution, or person which may have information pertinent to determine my eligibility for insurance. I authorize Trustmark Life Insurance Company of New York, or its' reinsurers, to make a brief report of my protected health information to MIB. This authorization is valid for two years from the date of this authorization. A photographic or facsimile copy of this authorization will be as valid as the original. I understand that I can revoke this authorization at any time by giving written notice to Trustmark Life Insurance Company of New York. I understand that I may refuse to sign this authorization and still be assured treatment. Information disclosed under this authorization may be re-disclosed by recipient as permitted by law and may no longer be protected by HIPAA. (The person who signs this authorization may have a copy of it upon request.) If coverage cannot be issued as applied for, I authorize Trustmark Life Insurance of New York to issue coverage on any insureds that are acceptable to Trustmark Life Insurance Company of New York, to reduce benefits that are acceptable to Trustmark Life Insurance Company of New York, and to adjust premiums to match the coverage issued. This authorization does not create any additional obligation by Trustmark Life Insurance Company of New York to issue coverage to any proposed insured.

Agent's Statement: To the best of your knowledge, will this insurance replace any existing life, accident and sickness, long-term care insurance or annuity?
 Yes No (Proposed Insured #1)
 Yes No (Proposed Insured #1a)
 Yes No (Dependent Child(ren) #4 List name(s): _____

I certify that no illustration was used in the sale of this life insurance Policy.

If coverage applied for includes the Convalescent Care Benefit Rider, I have reviewed the current accident and health insurance coverage of the applicant and find that the indicated replacement, or the additional coverage of the type and amount applied for, is appropriate for the applicant's need.

New York regulation requires us to provide You with the following notices and statements:

Receipt of accelerated death benefits may affect Your eligibility for public assistance programs and may be taxable. The administrative fee to exercise this benefit is \$200.

Receipt of accelerated death benefits under the Convalescent Care Benefit Rider may affect Your eligibility for public assistance programs such as medical assistance (Medicaid), Aid to Families with Dependent Children and Supplemental Security Income.

Caution: If your answers on this application form fail to include all material information requested, Trustmark Life Insurance Company of New York has the right to deny benefits or rescind your Convalescent Care Benefit Rider. If coverage is issued on a guaranteed basis, the medical information obtained cannot be used to rescind the coverage.

Signed at (city and state) _____

Printed Name of Writing Agent _____ (month/day/year) _____

X _____
Signature of Agent

Agent I.D. Number

X _____
Signature of Owner

TRUSTMARK LIFE INSURANCE COMPANY OF NEW YORK
INVESTIGATE CONSUMER REPORT NOTIFICATION

In compliance with public Law 91-508, an investigative consumer report may be made within the next few days which will provide applicable and relevant material concerning character, general reputation, personal characteristics and mode of living. This report will be obtained through personal interviews with friends, neighbors, and associates. Upon written request to Trustmark Life Insurance Company of New York, a complete and accurate disclosure of the nature, source and scope of the investigative consumer report, if one is made, will be provided.

Information regarding your insurability will be treated as confidential. Trustmark Life Insurance Company of New York or its reinsurers may, however, make brief report thereon to the Medical Information Bureau, a non-profit membership organization of life insurance companies, which operates an informational exchange on behalf of its members. If you apply to another Bureau member company for life or health insurance coverage, or a claim for benefits is submitted to such company, the Bureau, upon request, will supply such company with the information on its file.

Upon receipt of request from you, the Bureau will arrange disclosure of any information it may have on file. (Medical information will be disclosed only to your attending physician.) If you question the accuracy of information in the Bureau's file, you may contact the Bureau and seek a correction in accordance with the procedures set forth in the Federal Fair Credit Reporting Act. The address of the Bureau's information office is 50 Braintree Hill, Suite 400, Braintree, MA, 02184-8734, Telephone Number (866) 692-6901.

Trustmark Life Insurance Company of New York or its reinsurers may also release information in its file to other life insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted.

TRUSTMARK LIFE INSURANCE COMPANY OF NEW YORK
126 South Swan Street, Suite 203
Albany, NY 12210

INTERIM COVERAGE AGREEMENT

This Agreement is made a part of the Policy to which it is attached. Changes to benefits or coverages made by this Agreement are subject to all of the terms, conditions, exclusions and limitations of the Policy.

The Policy Date shown on the Schedule page is the starting point for determining premium due dates.

All billings and premium due dates will be based on the date stated in the Schedule page.

Coverage under the Policy and all additional riders attached is effective as of the date of application if:

- The proposed insured is eligible for insurance; and
- Premium collection is authorized; and
- Premium is collected by the first scheduled premium collection date; and
- The proposed insured is a risk insurable for insurance exactly as applied for without modification of plan, premium rate, or amount, according to the Company's rules and practices.

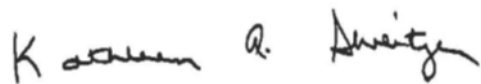
If coverage cannot be issued exactly as applied for without modification of plan, premium rate or amount, according to the Company's rules and practices, then the modified coverage that is issuable will be effective as of the date of application.

This Agreement expires on the earlier of the Policy Date, or the date the proposed Insured receives the Company's notice that the coverage under the Agreement is cancelled because the proposed insured's application has been declined.

TRUSTMARK LIFE INSURANCE COMPANY OF NEW YORK



John Anderson
President



Kathleen A. Sweitzer
General Counsel and Corporate Secretary

Applicant Signature

Date

TRUSTMARK LIFE INSURANCE COMPANY OF NEW YORK
126 South Swan Street, Suite 203
Albany, NY 12210

ACKNOWLEDGEMENT AND AUTHORIZATION TO OBTAIN INFORMATION

I authorize the entities listed in this authorization to give Trustmark Life Insurance Company of New York, and through it, to its reinsurers any data or records including pharmaceutical records that are individually identifiable in the entities' possession about the mental or physical health of me or any proposed insured in this authorization. This authorization is for: any medical practitioner; hospital; clinic or other medically related facility; pharmacy; Pharmacy Benefit Manager, insurance company; the MIB, Inc., formerly known as the Medical Information Bureau; or other organization, institution, or person which may have information about me pertinent to determine my eligibility for insurance as allowed or required by law. I also authorize Trustmark Life Insurance Company of New York, or its' reinsurers, to make a brief report of my protected health information to MIB. Information for consumers about MIB may be found at www.mib.com. This authorization is valid for two years from the date of this authorization. A photographic or facsimile copy of this authorization will be as valid as the original. I understand that I can revoke this authorization at any time by giving written notice to Trustmark Life Insurance Company of New York. I understand that I may refuse to sign this authorization and still be assured treatment. Information disclosed under this authorization may be re-disclosed by recipient as permitted by law and may no longer be protected by HIPAA. (The person who signs this authorization may have a copy of it upon request.)

I acknowledge that I have received and read a copy of the company's Investigative Consumer Report Notification which includes: 1) Fair Credit Reporting Act; 2) MIB, Inc.; and 3) the Notice of Information Practices which includes the investigative consumer reports notification. I further acknowledge that an investigative consumer report may be made and that I may ask to be interviewed for this report. I hereby authorize such a report.

I acknowledge the application for life insurance on my life in the amount of \$ _____

Name of Employee: _____

Name of Employer: _____

Employee Social Security Number: _____

Name of Insured (Spouse/Domestic Partner/Child (age 18 and over):

Signature of Proposed Insured or Authorized Representative or Legal Guardian:

Signature of Spouse/Domestic Partner if to be Insured **Soc. Sec. No**

Signature of Co-owner or Child age 18 and over **Soc. Sec. No**

Signature of Employee **Soc. Sec. No**

Date Signed **Application Number**

Return this signed form to: Trustmark Life Insurance Company of New York, PO Box 7962, Lake Forest, IL 60045-7962

Due Date: _____

Life Insurance Quotation
Trustmark Life Insurance Company of New York
Flexible Premium Adjustable Life Insurance IUL.205 NY R1118



PREPARED FOR: Generic Quotation

DEATH BENEFIT OPTION: A

Annual Target Premium: \$337.91

Age	YR	Premium Outlay	Guaranteed Charges and Interest at 1.50%			Current Charges and Interest at 3.00%			Average Charges and Interest at 2.25%		
			Cash Value	Accumulated Value	Death Benefit	Cash Value	Accumulated Value	Death Benefit	Cash Value	Accumulated Value	Death Benefit
35	1	338	0	163	50,000	0	194	50,000	0	178	50,000
36	2	338	0	324	50,000	0	389	50,000	0	356	50,000
37	3	338	0	482	50,000	69	587	50,000	15	534	50,000
38	4	338	146	636	50,000	297	787	50,000	220	710	50,000
39	5	338	316	787	50,000	517	988	50,000	414	886	50,000
40	6	338	480	933	50,000	737	1,190	50,000	606	1,059	50,000
41	7	338	648	1,072	50,000	967	1,392	50,000	804	1,228	50,000
42	8	338	807	1,203	50,000	1,196	1,591	50,000	996	1,392	50,000
43	9	338	955	1,323	50,000	1,421	1,788	50,000	1,182	1,549	50,000
44	10	338	1,091	1,431	50,000	1,642	1,981	50,000	1,358	1,697	50,000
49	15	338	2,357	2,357	50,000	3,536	3,536	50,000	2,923	2,923	50,000
54	20	338	2,946	2,946	50,000	5,242	5,242	50,000	4,041	4,041	50,000
59	25	338	2,823	2,823	50,000	6,950	6,950	50,000	4,783	4,783	50,000
64	30	338	1,488	1,488	50,000	8,259	8,259	50,000	4,692	4,692	50,000
69	35	338	0	0	0	8,845	8,845	50,000	3,138	3,138	50,000
74	40	338	0	0	0	11,171	11,171	18,880	3,389	3,389	16,667
79	45	338	0	0	0	13,583	13,583	20,103	2,544	2,544	16,667
84	50	338	0	0	0	16,064	16,064	21,366	0	0	0
89	55	338	0	0	0	18,707	18,707	22,823	0	0	0
94	60	338	0	0	0	21,684	21,684	24,938	0	0	0
99	65	338	0	0	0	25,512	25,512	26,533	0	0	0

This is a generic quotation, showing potential policy values for sample ages and policy years.
This generic quotation is not an illustration, but is consistent with the illustrated scale for this product.

An illustration of your policy will be delivered with your policy

Life Insurance Quotation
Trustmark Life Insurance Company of New York
Flexible Premium Adjustable Life Insurance IUL.205 NY R1118



PREPARED FOR: Generic Quotation

DEATH BENEFIT OPTION: A

Annual Target Premium: \$549.41

Age	YR	Premium Outlay	Guaranteed Charges and Interest at 1.50%			Current Charges and Interest at 3.00%			Average Charges & Interest at 2.25%		
			Cash Value	Accumulated Value	Death Benefit	Cash Value	Accumulated Value	Death Benefit	Cash Value	Accumulated Value	Death Benefit
35	1	549	0	321	50,000	0	379	50,000	0	350	50,000
36	2	549	0	640	50,000	33	765	50,000	0	702	50,000
37	3	549	248	957	50,000	449	1,158	50,000	347	1,057	50,000
38	4	549	596	1,272	50,000	883	1,559	50,000	738	1,414	50,000
39	5	549	941	1,583	50,000	1,325	1,967	50,000	1,130	1,772	50,000
40	6	549	1,269	1,889	50,000	1,762	2,381	50,000	1,511	2,131	50,000
41	7	549	1,602	2,187	50,000	2,216	2,801	50,000	1,902	2,488	50,000
42	8	549	1,936	2,477	50,000	2,685	3,225	50,000	2,302	2,842	50,000
43	9	549	2,247	2,754	50,000	3,145	3,652	50,000	2,684	3,191	50,000
44	10	549	2,543	3,016	50,000	3,608	4,081	50,000	3,060	3,533	50,000
49	15	549	5,017	5,017	50,000	7,115	7,115	50,000	6,024	6,024	50,000
54	20	549	7,175	7,175	50,000	10,621	10,621	50,000	8,806	8,806	50,000
59	25	549	8,975	8,975	50,000	14,500	14,500	50,000	11,568	11,568	50,000
64	30	549	10,139	10,139	50,000	18,558	18,558	50,000	14,060	14,060	50,000
69	35	549	10,174	10,174	50,000	22,768	22,768	50,000	16,017	16,017	50,000
74	40	549	8,071	8,071	50,000	27,026	27,026	50,000	16,890	16,890	50,000
79	45	549	1,308	1,308	50,000	31,280	31,280	50,000	15,526	15,526	50,000
84	50	549	0	0	0	35,513	35,513	50,000	8,959	8,959	50,000
89	55	549	0	0	0	40,029	40,029	50,000	0	0	0
94	60	549	0	0	0	45,798	45,798	52,668	0	0	0
99	65	549	0	0	0	53,413	53,413	55,550	0	0	0

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An illustration of your policy will be delivered with your policy

Life Insurance Quotation
Trustmark Life Insurance Company of New York
Flexible Premium Adjustable Life Insurance IUL.205 NY R1118



PREPARED FOR: Generic Quotation

DEATH BENEFIT OPTION: A

Annual Target Premium: \$208.00

Age	YR	Premium Outlay	Guaranteed Charges and Interest at 1.50%			Current Charges and Interest at 3.00%			Average Charges and Interest at 2.25%		
			Cash Value	Accumulated Value	Death Benefit	Cash Value	Accumulated Value	Death Benefit	Cash Value	Accumulated Value	Death Benefit
10	1	208	0	91	26,000	0	91	26,000	0	91	26,000
11	2	208	9	181	26,000	12	183	26,000	10	182	26,000
12	3	208	84	269	26,000	91	276	26,000	87	272	26,000
13	4	208	174	356	26,000	185	368	26,000	180	362	26,000
14	5	208	260	439	26,000	278	457	26,000	269	448	26,000
15	6	208	342	519	26,000	368	545	26,000	355	532	26,000
16	7	208	421	595	26,000	456	630	26,000	438	612	26,000
17	8	208	497	669	26,000	543	714	26,000	519	691	26,000
18	9	208	583	741	26,000	640	799	26,000	611	770	26,000
19	10	208	682	814	26,000	753	885	26,000	717	849	26,000
24	15	208	1,438	1,438	26,000	1,610	1,610	26,000	1,521	1,521	26,000
29	20	208	2,149	2,149	26,000	2,490	2,490	26,000	2,311	2,311	26,000
34	25	208	2,906	2,906	26,000	3,514	3,514	26,000	3,193	3,193	26,000
39	30	208	3,696	3,696	26,000	4,703	4,703	26,000	4,165	4,165	26,000
44	35	208	4,497	4,497	26,000	6,059	6,059	27,024	5,217	5,217	26,000
49	40	208	5,270	5,270	26,000	7,563	7,563	28,360	6,319	6,319	26,000
54	45	208	5,960	5,960	26,000	9,202	9,202	29,078	7,439	7,439	26,000
59	50	208	6,450	6,450	26,000	10,933	10,933	29,300	8,498	8,498	26,000
64	55	208	6,590	6,590	26,000	12,742	12,742	29,052	9,413	9,413	26,000
69	60	208	6,114	6,114	26,000	14,570	14,570	28,412	10,015	10,015	26,000
74	65	208	4,470	4,470	26,000	16,352	16,352	27,635	9,982	9,982	26,000
79	70	208	270	270	26,000	18,103	18,103	26,793	8,638	8,638	26,000
84	75	208	0	0	0	19,817	19,817	26,358	4,187	4,187	26,000
89	80	208	0	0	0	21,616	21,616	26,372	0	0	0
94	85	208	0	0	0	23,725	23,725	27,284	0	0	0
99	90	208	0	0	0	26,709	26,709	27,777	0	0	0

This is a generic quotation, showing potential policy values for sample ages and policy years.
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An illustration of your policy will be delivered with your policy

**Trustmark Life Insurance Company of New York
(Herein referred to as the Us, We)
126 South Swan Street, Suite 203
Albany, NY 12210**

Disclosure Statement for Accelerated Death Benefit

This Disclosure Statement is provided to You in compliance with New York Regulation 143, Section 41.4(a).

Name of the Insured: John Doe
Name of Owner (if other than the Insured): _____
Policy Number: XX-XXXXX

Accelerated Death Benefit: Payable when insured is diagnosed as Terminally Ill, as defined in the Accelerated Death Benefit Rider ("ABR")

Benefit Payment: The benefit is payable in lump sum payment. (The maximum Accelerated Death Benefit provided by the ABR is payable only once)

Accelerated Death Benefit Amount: \$ 9,375 (Based on a generic demonstration with issue age 45, age at acceleration 55, and acceleration of 50% of the maximum benefit available for acceleration not to exceed \$300,000). The maximum benefit available for acceleration is 75% of the Available Death Benefit.

Administrative Charge: \$ 200

Loan Repayment: \$ 187.50

Net Acceleration Proceeds: \$ 8,987.50

Effect of the Accelerated Death Benefit on your Policy: On the date the Accelerated Death Benefit is paid, the Death Benefit Proceeds and Face Amount will be reduced by the amount of the Accelerated Death Benefit payment as shown below.

	Amount Prior to Payment	Amount after Payment
1. Death Benefit Proceeds	\$ <u>25,000.00</u>	\$ <u>15,625.00</u>
2. Face Amount	\$ <u>25,000.00</u>	\$ <u>15,625.00</u>
3. Cash Value	\$ <u>1,824.00</u>	\$ <u>1,140.00</u>
4. Policy Loan	\$ <u>500.00</u>	\$ <u>312.50</u>
5. Net Death Benefit Proceeds	\$ <u>24,500.00</u>	\$ <u>15,312.50</u>
6. Annual Premium	\$ <u>481.00</u>	\$ <u>300.63</u>

Premium payable for the Policy and accompanying Riders, will be waived, and coverage is guaranteed to remain in force for the 12 months immediately following the date the Accelerated Death Benefit is paid or until the Insured's death, whichever occurs first. If the Insured survives beyond 12 months, a proportionately reduced premium to be paid in cash will be due in accordance with the applicable Policy provisions, including any waiver of premium provision.

Additional Disclosures about the Accelerated Death Benefit

- NEW YORK REGULATION REQUIRES US TO NOTIFY YOU THAT RECEIPT OF ACCELERATED DEATH BENEFITS MAY AFFECT ELIGIBILITY FOR PUBLIC ASSISTANCE PROGRAMS AND MAY BE TAXABLE.**
- Other means may be available to achieve your intended goal, including a policy loan, if available.