

4 Declarations: Please read, sign and date in ink.

I request the group insurance shown above. To the best of my knowledge and belief the statements I have made are true and complete. I understand that New York Life has the right to require additional information and, if necessary, an examination by a physician. I ask New York Life to rely on all such statements made on this form, and any supplements to it, while considering this request. I also understand that the coverage afforded will be in consideration of the answers and statements set forth above and that any material misstatements or failures to report information material to the risk may be used as the basis for rescission of my insurance subject to the incontestable period provision of the policy.

I understand that: (a) insurance will become effective on the first day of the month following the date approved by New York Life if the initial contribution is paid within 31 days after the date I am billed and I and any approved dependents are actively performing the normal activities of a person in good health of like age [for MD and NC residents: I and any approved spouse's health status continues to be the same as stated on this application] on the approval date; (b) any person who is not performing such normal activities [for MD and NC residents: whose health status is not the same as stated on this application] as required will not become insured until the day he/she is performing such normal activities [for MD and NC residents: I and any approved spouse's health status continues to be the same as stated on this application], provided such date is within three months of the date insurance would have been effective and the person is still eligible for insurance; and (c) any dividend apportioned to the group policy will be paid to the AIA Trust Insurance Plan. I also understand that AD&D benefits will not be payable for losses due to an injury which occurred prior to the effective date of coverage.

Fraud Warning Statements

Any person who knowingly and with intent to defraud any insurance company or other person who files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which may be a crime and may subject such person to criminal and civil penalties.

For AR and LA residents: 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. **For CO residents, the following also applies:** Any insurance company or agent who defrauds or attempts to defraud an insured shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies. **For DC residents: WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant. **Residents of KS:** 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 may be guilty of insurance fraud as determined by a court of law. **For ME residents:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment fines or denial of insurance benefits. **For NJ residents: WARNING:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties. **RESIDENTS OF NY:** For AD&D only, any person who knowingly and with intent to defraud any insurance company or any other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation. **Residents of OK: WARNING:** Any person who knowingly, and with intent to injure, defraud, or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony. **For TN residents:** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment fines, and denial of insurance benefits. **For VA residents:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing false or deceptive statements may have violated state law.

4 Declarations: Please read, sign and date in ink, continued.

By signing and dating this application, I and my spouse (if proposed for insurance), request the insurance, understand the effective date criteria, I/we have read the Fraud Notices and attest that to the best of my knowledge and belief, the statements made regarding my health are true and complete.

[Signature line for Member's Signature]

Member's Signature (PLEASE SIGN AND DATE IN INK)

Date: [] [] / [] [] / [] [] [] []
MONTH DAY YEAR

[Signature line for Spouse's Signature]

Spouse's Signature
(NECESSARY ONLY IF SPOUSE COVERAGE IS REQUESTED)

Date: [] [] / [] [] / [] [] [] []
MONTH DAY YEAR

Return completed form today to:
AIA Trust Insurance Program, P.O. Box 22859, Santa Barbara, CA 93121