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**AGREEMENT**

In making this application, the applicant represents that such information accurately reflects the true facts and that the undersigned has authority to bind the applicant to the proposed contract. Accordingly, this application will be a part of the contract if accepted by Ameritas Life of NY or its authorized representative.

**FRAUD NOTICE:** Any person who knowingly and with intent to defraud any insurance company or 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 a civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation.

\_\_\_\_\_  
Authorized Employer Signature Title

Signed at: \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_  
City State

\_\_\_\_\_  
Insurance Producer (print or type) Insurance Producer Social Security or Tax ID Number

\_\_\_\_\_  
Address City State ZIP Code