

Ms Aguiar, as requested, the following is a brief summary of the products and services that is provided by New York Life Insurance Company.

Life Insurance:

- Three Whole Life Insurance contracts
- Five Term Life Insurance contracts
- Three Traditional Universal Life contracts
- Two Variable Universal Life contracts

Annuities:

- Eight types of Fixed Annuities
- Four types of Variable Annuities

Mutual Funds:

27 funds in our Fund Family with access to most any fund offered in the market. (A prospectus is required).

Long Term Care, designed to fit each individuals needs.

Services included but not limited to:

The Needs Analysis to identify individual and family concerns, to determine the amount of insurance that a family really needs.
Estate Planning by registered and certified financial planners. (no fees)

College Funding, Estate Conservation, Mortgage Protection, Supplemental Retirement Income, Supplemental Life Insurance for Retirement Planning, Charitable Giving, Business Continuation, Deferring Estate Taxes for Small Business Owners, and Pension Maximization Alternative.

We discuss issues such as the importance of a Will, uses of a Trust, the importance of life insurance for the Stay-at-Home Spouse; we provide information on what to do when someone dies.

SEE PAGE 2

The cost of individual coverage is determined by many factors which includes but is not limited to:

Age, sex, health condition, built, amount of coverage, hazardous activity, or medical history.

As stated in our conversation, if life insurance is included in a 125 Plan the proceeds may be taxable to the beneficiary.

The Maximum amount of coverage is determined by suitability, insurability, and affordability.

The minimum coverage is determined by the type of contract:

Whole Life \$10,000

Universal Life \$25,000

Term minimum ranges from \$100,000 to \$250,000.

I am looking forward to our strategy meeting to outline the details. Should you have any additional, issues or concerns, please call me.

Best regards,

Michael L. Cales, Sr.
Partner

813-281-0100 Ext. 5522

Check-O-Matic (C-O-M) - New Business Cases Only

1. New York Life Insurance Company, New York Life Insurance and Annuity Corporation or NYLIFE Insurance Company of Arizona, as indicated in this application, will direct the transfer of funds from the account you designate. This transfer will be used to pay premiums on the policy (policies) and/or monthly Option to Purchase Paid-up Additions (OPP) premiums. This transfer will be done each month on a regular schedule established by us. You will not receive premium notices while this arrangement is in effect.
2. This arrangement does not change the premium due dates specified in the policy and it does not extend any of the grace or late periods for paying these premiums. The policy or policies will lapse at the end of the grace or late period if the premium remains unpaid.
3. Any policy included under this arrangement is subject to our minimum and maximum premium and OPP premium rules.
4. The arrangement will apply to the policies listed below and will cover all future premiums and any current premiums that have not yet been paid.

Complete information below:

Primary Insured's Name: _____

Policy Number _____ or Tracking Number: _____

Indicate Type:

- Single Check-O-Matic Check-O-Matic OPP
- Multiple Check-O-Matic Previous Case Reference Number or Policy Number _____
- Add to Check-O-Matic Previous Case Reference Number or Policy Number _____

Concurrent Insured's Name: _____ Date of Birth: ____/____/____

Account Names

Attach Blank VOIDED Check

Bank Routing # / Account #

_____ / _____

Authorization Statement for Check-O-Matic (applies to Premium payments only)

I understand that I may stop this payment arrangement by notifying the insurer. The owner of each policy may stop it for his or her own policy. The arrangement ends on the day the insurer receives the notice.

By initialing below I/We authorize New York Life Insurance Company or one of its subsidiaries to make monthly withdrawals from the account named above. I/We also authorize the Financial Institution named above to debit my/our account accordingly:

Initials of Depositor(s) _____ Relationship: Primary Insured Owner Applicant Payor Other _____

