



ACCIDENTAL DEATH INSURANCE ENROLLMENT FORM
New York Life Insurance Company, New York, NY 10010

Name Mr./Ms./Dr. First Middle Initial Last Birth Date Mo./Day/Yr.

Address No. & Street City State Zip

Male Female Insurance amount requested: \$ (Minimum \$50,000, Maximum \$1,000,000) Account # (If currently insured)

Sponsored by (Please fill in name of your alumni association/school) Social Security #:

Beneficiary First Middle Initial Last Social Security # Relationship %

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My eligibility status is (check one): Alumnus/a Student Faculty/Staff Member Eligible Family Member
If Eligible Family Member (check one): Spouse/Domestic Partner Parent Adult Child Adult Sibling

I understand insurance begins on the first day of the month after the Administrator receives this form and my premium. I apply to become a Subscriber to the Collegiate Alumni Trust. CAT enables members of sponsoring organizations to purchase life insurance through a single group insurance policy. Subscribing to CAT costs nothing but is required to become insured. I request that any dividend resulting from my participation in this program be paid to the Sponsor named above or to any other entity designated by that Sponsor from time to time, unless I rescind this request by written notice to the Group Policyholder at least 90 days before the policy anniversary date.



Applicant's Signature X Date

GPA-AD3

FRAUD NOTICE - For Residents of all states except those listed below: 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 may be a crime and may subject such person to criminal and civil penalties. RESIDENTS OF CO: 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. RESIDENTS OF AL/AR/LA/RI: 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. RESIDENTS OF CA: 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 may be a crime and may subject such person to criminal and civil penalties. The falsity of any statement in the application for any policy shall not bar the right to recovery under the policy unless such false statement was made with actual intent to deceive or unless it materially affected either the acceptance of the risk or the hazard assumed by the insurer. RESIDENTS OF D.C.: 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 FL: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree. 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. RESIDENTS OF ME: 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 a denial of insurance benefits. RESIDENTS OF MD: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. RESIDENTS OF NJ: 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: 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. RESIDENTS OF PUERTO RICO: Any person who, knowingly and with the intent to defraud, presents false information in an insurance request form, or who presents, helps or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine no less than five thousand (5,000) dollars nor more than ten thousand (10,000) dollars, or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years. RESIDENTS OF TN/ WA: 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. RESIDENTS OF VA: Any person who, with the 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. 7.2013 ed

Sign and date above, make a copy for your records, and mail this request with payment (EFT Authorization Form or Check) to the Administrator: Meyer and Associates ♦ 18 Washington Avenue ♦ Chatham, NJ 07928 800-635-7801 weekdays 8:30AM-6:00PM ET ♦ Fax 973-635-7578 ♦ www.MeyerandAssoc.com

**Applicant Name:** \_\_\_\_\_  
**Group Policy Number:** \_\_\_\_\_  
**Policyholder:** Collegiate Alumni Trust or Collegiate Alumni Trust II  
**Administrator:** Meyer and Associates  
**Insurance Account Number:** \_\_\_\_\_ (to be completed by Administrator)  
**Monthly Premium Withdrawal for EFT:** \_\_\_\_\_ (to be completed by Administrator)

This agreement with Meyer and Associates is for Electronic Funds Transfer (EFT) to pay your insurance premium without using a check. An electronic debit will be submitted to your bank so the amount will be deducted automatically from your bank account on, or shortly after, the first business day of each month to pay your premium for that month. The debit will appear on your bank statement as "Meyer and Assoc LifeInsPrem." If your premium increases for any reason, for example, due to an automatic benefit increase, (1) we will notify you of the new monthly premium at least four weeks in advance and (2) EFT will be processed for the new monthly premium amount.

You may change banks or end EFT by giving us written notice that we receive by the 24th of the month before the change. If you end EFT, you will receive semiannual bills (payable by check or money order), including a service fee, currently \$6 per billing cycle.

The first EFT for Accidental Death Insurance will be for two months of premium. For the third month of coverage and thereafter, EFT draws are for one month of premium.

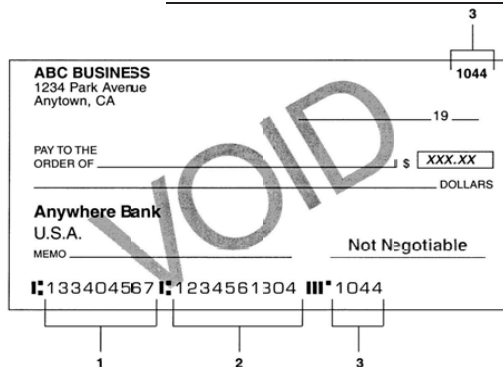
**EFT Preference (select one)**

- Start monthly payments via EFT. I am providing bank account information.
- Keep current EFT arrangements. I authorize EFT payments for the above by using the bank account information that is on file for my current/previous life insurance account. (You do not need to complete Bank Account Information.)
- Continue making monthly payments via EFT. I am providing new bank account information.

**Bank Account Information**

I would like to make monthly payments via EFT using the following bank account information:

**Name on Bank Account:** \_\_\_\_\_  
**Bank Name:** \_\_\_\_\_  
**Routing Number:** \_\_\_\_\_ (requires 9 digits; see image below to find this number)  
**Bank Account Number:** \_\_\_\_\_ (not to exceed 17 digits; see image below to find this number)



- 1 Routing Number (requires 9 digits)
- 2 Bank Account Number (not to exceed 17 digits)
- 3 Check Number

**Signature of Applicant**

By executing this form, you (1) authorize EFT, (2) agree to give us timely written notice of all relevant changes to your address and bank account, and (3) understand that (a) normal overdraft fees apply to items that cannot be collected and (b) we reserve the right to correct clerical errors.

Applicant's Signature X \_\_\_\_\_ Date \_\_\_\_\_

If you have any questions, please contact the Administrator:  
 Meyer and Associates ♦ 18 Washington Avenue ♦ Chatham, NJ 07928 ♦ 800-635-7801 ♦ Fax: 973-635-7578 ♦ [info@meyerandassoc.com](mailto:info@meyerandassoc.com)