

**EXHIBIT A**  
**Current Insurance Status**

TO: New York Life Insurance Company  
One Rockwood Road  
Sleepy Hollow, NY 10591

Name of Applicant : \_\_\_\_\_ Group Policyholder: AVMA GHLIT

For Coverage Under Group Policy: \_\_\_\_\_

Date of Application: \_\_\_\_\_

Please check the appropriate box, sign and date.

I currently have a life insurance and/or annuity contract.

I do not currently have a life insurance and/or annuity contract.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Agent: \_\_\_\_\_ Date: \_\_\_\_\_