

NEW YORK LIFE INSURANCE COMPANY

MILITARY QUESTIONNAIRE

Name (Print) _____ Date of Birth _____

1. Specify branch of service (e.g., Artillery, Infantry, Special Forces, etc.) and current duty Military Occupational Specialty (MOS) or job classification code. _____

2. Describe your present military duties in full, consistent with military security regulations. If in training or attending school, describe in full the job for which you are being trained. _____

3. Have you been alerted, received orders or volunteered for duty outside the United States or had any other indication that you will be assigned outside the United States?

☐ Yes, to _____ ☐ No

4. If on flying status in the Air Force or Navy, indicate Command or Squadron below.

Air Force Command: (e.g., SAC, TAC, etc.) _____

Navy Squadron: (e.g., VF, VA, etc.) _____

5. Additional remarks, if any.

Field Underwriter _____

Signature _____
of Proposed Insured

General Office _____

Date _____, 19____

INCL 4a