

**American Family Life Assurance Company of New York**  
(herein referred to as Aflac New York)  
22 Corporate Woods Blvd. • Ste 2 • Albany, NY 12211

**REPLACEMENT INFORMATION AUTHORIZATION FORM**

Name of Company Being Replaced \_\_\_\_\_

Address \_\_\_\_\_

Replaced Company: The policy(ies) and/or contract(s) listed below may be replaced. The policy and/or contract owner authorizes you to release the policy and/or contract information from your company and to complete the attached form. Section 51.6(c) (2) of the New York Replacement Regulation requires you to provide the requested information within twenty (20) calendar days of receiving the request. Please complete the attached form and mail to Aflac New York at the address listed below.

This request was received from Aflac New York on \_\_\_\_\_

To be completed by the agent: \_\_\_\_\_  
Agent's Printed Name Agent's Writing Number

Policy and/or Contract Number	Policy and/or Contract Owner's Name	Insured's Name

I hereby authorize Aflac New York or any person or entity acting on its part to obtain information concerning my policies and/or contracts listed above. The information is to be released and used in accordance with a replacement as defined in Regulation 60 of the New York State Insurance Laws.

\_\_\_\_\_  
Policy and/or Contract Owner Date

\_\_\_\_\_  
Policy and/or Contract Owner Date

**Please return to:**

American Family Life Assurance Company of New York  
Attn: Life Replacements  
22 Corporate Woods Blvd. • Ste 2 • Albany, NY 12211  
Fax: 518.438.0896