ADVERTISEMENT FACSIMILE (FAX) POLICY

Scope. This Policy applies to Ameritas Life Insurance Corp. and Ameritas Life Insurance Corp. of New York and all of their marketing representatives, including producers, registered representatives, agents, brokers, telemarketers and agencies, in the context of using facsimiles as a means of transporting any advertising materials to residential or business fax numbers.

Policy. Facsimiles (faxes) containing any material that advertises the commercial availability or quality of any property, goods, or services ("Advertisement Faxes") are strictly prohibited, unless the fax recipient provides prior express consent to receive faxes. Such consent may be in writing or otherwise. **Before** sending any Advertisement Faxes, either a signed copy of the Form provided in this Policy or another signed written document or some other form of express consent containing substantially the same information must be received from each intended recipient of the Advertisement Faxes. If the consent required by this Policy is not in writing, the sender of the Advertisement Fax must specifically notify the recipient that the consent may be rescinded at any time. Additionally, the sender must document and maintain for future review the time, manner and content of such consent, including but not limited to the facsimile numbers to which the Advertisement Faxes may be sent.

If prior express permission is received, each fax sent must clearly mark in a margin at the top or bottom of each page, or on the first page, of each transmission the following information: (i) date and time of fax; (ii) legal name of the entity sending the fax; and, (iii) telephone number of the entity or machine sending the fax.

Penalties. Sending an Advertisement Fax without prior express permission may result in a lawsuit against the fax sender by the fax recipient, or the attorney general of any state, for up to $1,500.00 for each unauthorized fax.

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ADVERTISEMENT FAX AUTHORIZATION FORM
All fields must be completed for this Authorization to be valid.

I hereby authorize Ameritas Life Insurance Corp./Ameritas Life Insurance Corp. of New York and their agents/representatives to send advertisement faxes to the following facsimile (fax) number(s):

_____-_____   _____-_____   _____-_____
(area-code)   (area-code)   (area-code)
I understand that I may later revoke this authorization in writing.

Signed: _____   on behalf of _____
                                        (Business Name, if applicable)
Print Name:_____   Title: _____

Date: _____, 20_____

Eff. 9/2004
Rev. 10/1/11