| STATE OF) ss                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
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| COUNTY OF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Kinuta Umino being duly sworn, deposes and says:  1. I am years of age and a national of Japan residing at I have resided only in the Continental United States at all times on and since June 17, 1940.  2. This affidavit is made in connection with my application to the New York Life Insurance Company for premium payment on policy 15 116 288.  (State in full nature of transaction)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 5. This application is not made directly or indirectly by, for, or on behalf of a Japanese National who is (a) any individual, partnership, association, corporation or other organization on the premises of which the Treasury Department maintains a representative or guard or on the premises of which there is posted an official Treasury Department notice that the premises are under the control of the United States Government, or (b) any bank, trust company, shipping concern, steamship agency, or insurance company, or (c) any person who, on or since June 14, 1941, has represented on acted as agent for any person located outside the Continental United States or for any person owned or controlled by persons located outside the Continental United States, or (d) any person who on or since June 14, 1941 has acted or purported to act directly or indirectly for the benefit or on behalf of any blocked country, including the government thereof, or any person who is a national of Japan by reason of any fact other than that such person has been domiciled in, or a subject or citizen of, Japan at any time on or since June 14, 1941. |
| 4. This transaction does not directly or indirectly substantially diminish or imperil the assets within the Continental United States of any national of Japan or otherwise prejudicially affect the financial position of such national within the Continental United States.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| (Applicant)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Sworn to before me this day                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Sworn to before me thisday of, 19                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |

| STATE OF                                                                                    |
|---------------------------------------------------------------------------------------------|
| COUNTY OF) ss                                                                               |
| Kiyoshi Uno, being duly sworn,                                                              |
| deposes and says:                                                                           |
| 1. I was born on theday ofin the                                                            |
|                                                                                             |
| United States at My father is (was) a                                                       |
| national of; my mother is (was) a national of                                               |
| •                                                                                           |
| 2. I am a citizen of the United States by reason of                                         |
| the following:                                                                              |
| I was born in the United States, and I submit as                                            |
| evidence thereof  (Copy of birth certificate, affidavit of parent, other documentary proof) |
| 3. I have never renounced allegiance to the United                                          |
| States nor pledged my allegiance to any other foreign country nor                           |
| is my status as a citizen of the United States presently affected                           |
| by previous marriage to a national of any other country.                                    |
| 4. I make this affidavit in connection with my appli-                                       |
| cation to the New York Life Insurance Company for premium payment on                        |
| policy 17 846 762.                                                                          |
| (State in full nature of transaction)                                                       |
| 5. This application is not made directly or indirectly                                      |
| by, for, or in behalf of, or as agent for, any Japanese national.                           |
|                                                                                             |
| (Applicant)                                                                                 |
| Sworn to before me this day of19                                                            |
|                                                                                             |

| STATE OF) ss                                                                                |
|---------------------------------------------------------------------------------------------|
| COUNTY OF                                                                                   |
|                                                                                             |
| deposes and says:                                                                           |
| 1. I was born on theday ofin the                                                            |
| United States at My father is (was) a                                                       |
| national of; my mother is (was) a national of                                               |
| •                                                                                           |
| 2. I am a citizen of the United States by reason of                                         |
| the following:                                                                              |
| I was born in the United States, and I submit as                                            |
| evidence thereof  (Copy of birth certificate, affidavit of parent, other documentary proof) |
| 3. I have never renounced allegiance to the United                                          |
| States nor pledged my allegiance to any other foreign country nor                           |
| is my status as a citizen of the United States presently affected                           |
| by previous marriage to a national of any other country.                                    |
| 4. I make this affidavit in connection with my appli-                                       |
| cation to the New York Life Insurance Company for premium payment or                        |
| policy 17 847 644.  (State in full nature of transaction)                                   |
| 5. This application is not made directly or indirectly                                      |
| by, for, or in behalf of, or as agent for, any Japanese national.                           |
| (Applicant)                                                                                 |
| Sworn to before me this                                                                     |
| day of19                                                                                    |
|                                                                                             |