



NEW YORK LIFE INSURANCE COMPANY
NEW YORK LIFE INSURANCE AND ANNUITY CORPORATION (A Delaware Corporation)
 51 Madison Avenue New York, NY 10010
NYLIFE INSURANCE COMPANY OF ARIZONA (Not licensed in every state)
 4343 North Scottsdale Road, Suite 220, Scottsdale, AZ 85251

CHECK-O-MATIC (C-O-M) REQUEST FORM

IMPORTANT INSTRUCTIONS:

- 1) Complete this form when:
 - a) you are authorizing the establishment of a new C-O-M arrangement, adding a policy to a multiple arrangement or creating a new multiple arrangement, or
 - b) you are authorizing the establishment of, or changing the level of, an OPP (Option to Purchase Paid-Up Additions) C-O-M arrangement, or
 - c) you are changing from a savings account to a checking account, or from a checking account to a savings account, or
 - d) you are changing financial organizations, branches or accounts.
- 2) Select the desired C-O-M arrangement in item 1 below and complete all applicable information for item 2 in the space provided below. **Always print** the name of the (Proposed) Insured/Annuitant and the policy number. If other policies exist on this arrangement, *agents please provide the case reference number or policy number(s)*.
- 3) **Complete 3RD PARTY PAYER INFORMATION:** if payment is coming from other than the policyowner, insured or annuitant. All data is required.
- 4) If you wish to terminate the Check-O-Matic arrangement, please notify us 10 days prior to your withdrawal date.

PLEASE COMPLETE THE INFORMATION BELOW:

1. **C-O-M** - Check-O-Matic payments will be drawn in one of the following ways:
 - Single Policy Draft** - One premium draft per policy, drawn on the premium due date.
 - Multiple Policy Draft*** - One premium draft, for two or more policies, issued by the same company (New York Life Insurance Company or New York Life Insurance and Annuity Corporation or NYLIFE Insurance Company of Arizona) drawn on the 15th of the month. If at least two policies are not issued by the same company, then the Single Policy Draft option must be used.

***The Multiple Policy draft is not available for Variable Products or Annuities.**
- OPP** - Option to Purchase Paid Up Additions (Minimum \$10); drawn on the due date of the policy.
2. Enter Name of Insured/Annuitant, Policy No. and C-O-M information where applicable below.
3. Select the single or multiple draft column below as applicable, based on the instructions shown above.
4. If more space is needed for additional policies, please enter the information on a separate piece of paper and attach it to this form. All of the information requested below, must be supplied on the separate attachment for the additional policies.

Name of Insured/Annuitant	Policy Number(s)	Single Draft	Multiple Draft	C-O-M Premium	C-O-M OPP Premium	If Adding To An Inforce C-O-M, Give Case Ref # or Pol #(s)	Company Code (Internal Use Only)
NAME LAST NAME				✓			

If using Please

If using a

If the check

JOHN Q. STUDENT
123 College Lane
Hometown, WI 50000

No. 1582

DATE _____

PAY TO THE ORDER OF _____ \$ _____

DOLLARS

Hometown Bank

For _____

⑆015708055⑆ ⑆0380⑆ 59177⑆ 01582

VOID" here.

(TABLE).

VOID" here.

lete the 3rd Party

The routing/transit number is denoted by nine digits surrounded by ⑆

The checking account number*

The check number*

*In some cases the order of the checking account number and the check number is reversed

TERMS FOR CHECK-O-MATIC ARRANGEMENTS

1. New York Life Insurance Company and/or New York Life Insurance and Annuity Corporation and/or NYLIFE Insurance Company of Arizona, each will, as applicable, direct the transfer of funds from the account you have designated. Each company will withdraw premiums separately. This transfer will be used to pay premiums on the policy(s) and/or monthly Option to Purchase Paid-up Additions (OPP) premiums as indicated. This will be done each month under a regular schedule established by us. We will not send premium notices while this arrangement(s) is in effect.
2. The arrangement(s) does not change the premium due dates specified in the policy and it does not extend any of the grace or late periods for paying these premiums. The policy(s) will lapse at the end of the grace or late period if the premium remains unpaid.
3. This arrangement will automatically terminate when the policy lapses, matures or otherwise terminates.
4. For life products issued by New York Life Insurance Company or NYLIFE Insurance Company of Arizona, the total amount of your annual premium will be greater using C-O-M than if you paid your premium once each year.
5. Any policy included in an arrangement(s) is subject to our minimum and maximum premium and OPP premium rules.
6. For in-force policies the arrangement(s) will apply to the specified policies and will cover all future premiums and any current premiums that have not yet been paid.
7. If you have policies under C-O-M that are issued by more than one company (New York Life Insurance Company and/or New York Life Insurance and Annuity Corporation and/or NYLIFE Insurance Company of Arizona), you will see separate debits on your banking statement each month.
8. Any correspondence sent by New York Life regarding a C-O-M arrangement will be mailed to the policyowner of record. If payments are coming from a 3rd party payer, a notice will not be sent to that person/entity. It is the policyowner's responsibility to advise the 3rd party payer of any changes made to the arrangement. This does not apply if the policyowner, under a separate notification, has requested that we establish a courtesy copy recipient in our records.

DEPOSITOR(S) AUTHORIZATION: Type of Account (Please Check One): **Checking Account** **Savings Account**

I understand that I may stop this payment arrangement(s) by notifying the Insurer. The Policyowner of each policy may stop it for his or her own policy. The arrangement ends on the day the Insurer receives the notice.

I (we) authorize New York Life Insurance Company and/or one of its subsidiaries to make monthly withdrawals from the specified account. I (we) authorize the Financial Organization shown on the enclosed sample check, payment check or deposit slip to debit my (our) account accordingly. If using a savings account, please complete the banking information below if you cannot provide a deposit slip containing the account information.

Name of Financial Institution and Branch Name (if any): NAME OF BANK

Address (Street, City State and Zip Code REQUIRED. P.O. Box not acceptable): BANK'S ADDRESS

Account Number: INSUREDS ACCT Routing Number: BANK ROUTING

DEPOSITOR(S) SIGNATURE as shown on Financial Organization's records or other Authorized Signature. If this is a Corporate account, we will need an Officer's signature and title.

<u>INSUREDS NAME</u>	X	<u>YOUR SIGNATURE</u>	<u>DATE</u>
Name of Depositor (Print)		Signature of Depositor	Date
	X		
Name of Depositor (Print)		Signature of Depositor	Date

Title of Officer, if applicable: _____

3rd PARTY PAYER INFORMATION: A 3rd party payer is someone other than the designated owner of the policy. If payment is coming from a 3rd party, the payer will need to complete the information below. **If this information is not provided, your request for the Check-O-Matic premium payment option cannot be processed.**

Name: _____ Date of Birth: _____
First Name Middle Initial Last Name

Address (Street, City, State, and Zip Code REQUIRED. P.O. Box not acceptable): _____

Relationship to Policyowner: _____

POLICYOWNER INFORMATION: Phone Number: Day () PHONE # Evening () PHONE #

HAS YOUR ADDRESS CHANGED? Yes: Use the address on the enclosed void check or deposit slip as my address of record.
 Yes: I will contact you to update my records. ← PLEASE SELECT RESPONSE

POLICYOWNER'S SIGNATURE: If the Policyowner is not the depositor, the Policyowner **MUST** sign below.

<u>NAME LAST NAME</u>	X	<u>YOUR SIGNATURE</u>	<u>DATE</u>
Name of Policyowner (Print)		Signature of Policyowner	Date