

Claim Form for Structured Settlements

New York Life Insurance Company

New York Life Insurance and Annuity Corp. –A Delaware Corp.



The Company You Keep®

Important Information for Completing Your Claim Form

To complete the processing of your claim, we must have a completed Claim Form from **each** beneficiary plus **one certified death certificate**. If there are multiple beneficiaries, please photocopy the form.

CAPACITY UNDER WHICH YOU ARE MAKING THIS CLAIM

Below is information regarding the different beneficiary types and what information is needed to complete this form.

Individual Beneficiary: A person claiming on their own behalf. Enter your Social Security Number in the Income Tax Certification in Section 3 and sign Section 5 (Beneficiary Signature).

Custodian/Guardian/Conservator/Power of Attorney: Payments on behalf of a minor must be made to an authorized representative of the minor, such as (i) a Custodian under the Uniform Transfers/Gifts to Minors Act, or (ii) a court designated Guardian of the "Person and Estate" or "Estate" of the minor. The legal representative must enter the minor's Social Security Number in the Income Tax Certification in Section 3, and sign Section 5 (Beneficiary Signature). (See attached Form W-9.)

Payments may be made to other authorized beneficiary representatives, such as a Conservator of an incapacitated beneficiary under a court appointed conservatorship, or delivered to an Attorney in Fact under a Power of Attorney. A copy of the applicable Conservatorship papers or Power of Attorney is required. The legal representative must enter the beneficiary's Social Security Number in the Income Tax Certification in Section 3, and sign Section 5 (Beneficiary Signature). (See attached Form W-9.)

Corporate Officer: A copy of the corporate resolution may be required. Enter the corporate Taxpayer Identification Number in Section 3. Section 5 (Beneficiary Signature) must be signed by the corporate officers listing their respective titles. (See attached Form W-9.)

Estate Executor: Be sure to submit a copy of the certified appointment papers and provide the estate Taxpayer Identification Number in Section 3. Section 5 (Beneficiary Signature) must be signed by all the estate representatives. (See attached Form W-9.)

Trustee: A copy of the trust or amendments may be required. Provide the trust Taxpayer Identification Number in Section 3 and complete the Confirmation of Trust form. Section 5 (Beneficiary Signature) of the Death Benefit Proceeds Form and the Confirmation of Trust must be signed by all the trustees. (See attached Form W-9.)

***NOTE: All non-individual beneficiaries must also complete and submit Form W-9 included with this package. Failure to submit this requirement may result in 30% withholding on miscellaneous interest earned and/or taxable gain.**

INCOME TAX CERTIFICATION AND WITHHOLDING

Important State Income Tax Withholding Information

In addition to the federal income tax withholding requirements, some states require withholding on policy gains when federal income tax is withheld. The following states require state income tax withholding when federal income tax withholding is in effect: District of Columbia, Iowa, Kansas, Maryland, Massachusetts, Nebraska, Oklahoma and Virginia. If you live in Arkansas,

California, Delaware, Georgia, Maine, North Carolina, Oregon or Vermont, we are required to withhold state income tax if federal income tax withholding is in effect, unless you elect not to have state income tax withheld. If you live in Michigan, we are required to withhold state income taxes from the taxable portion of your payments, unless you provide us with a properly completed Form MI W-4P and you claim an exemption from withholding. Certain exceptions and special rules apply in some states. For more information regarding the withholding requirements applicable in your state, please consult your tax advisor or state tax authority.

Important Federal Income Tax Withholding Information

This information is required to carry out the Internal Revenue laws of the United States and to provide you with some basic information about withholding of federal income tax from your payment under the policy specified in the Income tax withholding election (Section 4).

Generally, federal withholding applies to taxable payments made from pension, profit sharing, stock bonus, annuity and other employer deferred compensation plans, individual retirement arrangements (IRA), and commercial annuities (which include individual annuity, life insurance and endowment policies).

Federal income tax must be withheld at a 10% rate unless you elect not to have withholding apply to the taxable portion of your payment. You can make the election by checking the appropriate box in the Income tax withholding election in Section 4. Non-persons such as corporations, companies, trust, etc., or US citizens living outside the United States cannot elect out of withholding. Generally, your election as to whether taxes are or are not to be withheld will apply to any other payment from the same policy.

Even if you elect not to have federal income tax withheld, you are liable for payment of such tax on the taxable portion of your payment. There are penalties under the estimated tax payment rules if enough tax has not been paid through estimated tax payments or withholding.

If the taxable portion of a payment when added to the taxable portion of all other payments during the year is less than \$200, federal income tax is not required to be withheld.

We will not withhold federal income tax if the payment is being made to the Trustees of a qualified pension or profit sharing plan.

Please consult your tax advisor for complete details of the rules discussed above.

WHERE TO RETURN YOUR CLAIM FORM

If you are not using the return envelope provided, please direct all claim documents to:

30 Hudson Street - 22nd Floor
Jersey City, NJ 07302-4600
Attn: Structured Settlements

If you have any questions, please call 855-469-5772, Option 2. (8 a.m. - 6 p.m.ET)



Confirmation of Trust (Complete ONLY if beneficiary of policy is a TRUST.)

A copy of the Title, Signature, and Notary pages of the trust agreement, including the pages showing the trustee and successor trustee information may be required.

Policy/Certificate Number(s):

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Deceased Annuitant Name (First, Middle, Last)		
Name of Trust		
Date of Trust Agreement	Tax Identification Number	State where trust was established

Please select the statement below that applies:

<input type="checkbox"/> The undersigned trustee(s) hereby certifies/certify that no oral or written notification has been received that the trust agreement dated _____ has been revoked or amended.	or	<input type="checkbox"/> The undersigned trustee(s) hereby certifies/certify that the trust agreement dated _____ has been revoked.	or	<input type="checkbox"/> The undersigned trustee(s) hereby certifies/certify that the trust agreement dated _____ was last amended on _____.
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If there are additional amendments, please provide all dates.

Was this trust created as a grantor trust for federal income tax purposes? <input type="checkbox"/> Yes <input type="checkbox"/> No

If acting as successor trustee(s), please also complete the following statement:
 The undersigned successor trustee(s) hereby certifies/certify that the original trustee(s),

Original Trustee(s) Name(s)

is/are no longer serving as trustee(s).

I / We certify that the right to serve as trustee(s) has not been revoked or renounced. The following signatory(s) has/have been appointed as trustee(s) and is/are the only acting trustee(s) for the aforementioned trust agreement

Trustee Name (Please print)	Trustee's Signature X	Date
Trustee Name (Please print)	Trustee's Signature X	Date
Trustee Name (Please print)	Trustee's Signature X	Date
Trustee Name (Please print)	Trustee's Signature X	Date

If the trust has more than one trustee or successor trustee, please have all sign in the space provided above.

State Variations of Fraud Warnings

Kindly refer to the applicable fraud warnings for your state of residence.

Arizona

For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

California

For your protection California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the department of regulatory agencies.

District of Columbia

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Florida

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Maryland

Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Jersey

Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

Oregon

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto may be subject to prosecution for insurance fraud. Any person who provides misinformation material to the content of the contract, which is relied upon by the insurer, and which is either material to the risk assumed by the insurer or provided fraudulently, may be subject to the denial of insurance benefits.

Pennsylvania

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Puerto Rico

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

Other States

Any person who knowingly and with the intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. Penalties may include imprisonment, fines, or a denial of insurance benefits if a person provides false information.

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