



TRANSFER OF OWNERSHIP/DESIGNATION OF SUCCESSOR OWNER FOR ANNUITIES

New York Life Insurance Company

New York Life Insurance and Annuity Corporation (A Delaware Corporation)

51 Madison Avenue, New York, NY 10010

USA PATRIOT ACT

Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who becomes the owner of an existing account. What this means for you: When you change policy/account ownership, we will ask for name, address, date of birth, and other information that will allow us to identify the New Owner.

ADDITIONAL REQUIREMENTS FOR VARIABLE ANNUITIES

A transfer of ownership request on any variable product requires that the New Owner submit financial and suitability information. The registered representative assigned to this policy is available to the New Owner to help complete the Investor Profile that is required with the Transfer of Ownership Request.

The policy should not be sent to New York Life to be endorsed unless requested. Instead, an endorsement will be sent to the New Owner to be kept with the policy after the change has been recorded. Transfer of Ownership is generally not available for tax-qualified plans.



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Instructions for Transfer of Ownership

1. Please print clearly when completing form.
2. Please read pages 1 through 11 before completing this form. You may transfer ownership only if the policy is issued as a Non-Qualified Plan Policy. A Transfer of Ownership may result in a taxable event. Consult with a tax advisor. Complete Part I to request a Transfer of Ownership and/or Part II to designate a Successor Owner (only applicable for Non-Qualified Immediate Annuities).
3. The Policyowner that has the right to transfer ownership must complete pages 4 and 5 and sign page 5 to Transfer Ownership.

The New Owner must complete:

- Tax Identification and Back-Up Withholding section on page 9
 - Page 4 and sign page 9
- a. If there is a Check-O-Matic (C-O-M) arrangement, on page 4 the Policyowner that has the right to Transfer Ownership and the New Owner must indicate on those policies that will be transferred to a New Owner, whether C-O-M should be continued, discontinued or changed. To make changes, the New Owner must complete and submit: form #18492 – Check-O-Matic Arrangement form with this package.
 - b. The Beneficiary(ies) Designation will remain the same as is under the policy(ies) unless a change of beneficiary request is made. To make changes, the New Owner must complete and submit: form #21131 – Change of Beneficiary form with this package.
 - c. If there are any Scheduled Option(s), the Policyowner that has the right to Transfer Ownership and the New Owner must indicate on those policies that will be transferred to a New Owner, whether the option(s) should be continued. To make changes to these scheduled option(s), the New Owner must complete and submit additional forms, as specified on Page 7, with this package.
4. The New Owner of a variable annuity must also review pages 6 and 7 and complete the Investor Profile information on page 6 in order for this Transfer Of Ownership request to take effect. Please complete a separate Investor Profile for each policy transferred.
 5. PLEASE NOTE THE FOLLOWING: FOR AN INDIVIDUAL OWNER WHO IS A U.S. PERSON, WE ARE REQUIRED TO COLLECT THE TAX IDENTIFICATION NUMBER (TIN) OF THE NEW OWNER AND VERIFY THE IDENTITY OF THE NEW OWNER.
If the New Owner does NOT have a residential or business street address, an Army Post Office (APO) or Fleet Post Office (FPO) box number, then the residential or business street address of a next of kin or another contact individual is acceptable. For a person other than an individual (such as a corporation, partnership, or trust), a principal place of business, local office or other physical location is acceptable.
 6. For Completing "Full Name of the New Owner and Relationship to the Annuitant," where the New Owner(s)* will be:
 - a. The Annuitant: Insert the words "The Annuitant".
 - b. Natural Person(s), other than the Annuitant: Insert the person's full name(s) and relationship to the Annuitant.
* If the New Owner is a non-US citizen, a completed W-8 or W-9 form is required. If the new owner is a Resident Alien, please send a copy of your Green Card.
 - If the New Owner is a minor, a legal guardian must be named, or, a Uniform Transfers to Minors Act (UTMA) or Uniform Gift to Minors Act (UGMA) designation must be used, as follows: *"(insert name of the custodian) as Custodian for (insert name of the minor and relationship to annuitant) under the (insert the state in which the minor lives) Uniform Transfers (or Gifts) to Minors Act:"*
 - Immediate Annuities only: Where two natural persons are named, rights of ownership will pass jointly to the survivor, unless otherwise specified. Where rights are not to pass jointly to the survivor(s), the names and relationships should be followed by the words "jointly in common."
 - c. A Trust: Insert the name of the trustee followed by the words "trustee under" and the proper title and date of the trust. A copy of Form 20885 must be provided along with a copy of the trust, unless the agent certifies on 20885 that the trust was reviewed. New York Life or its subsidiaries reserves the right to request a copy of the trust instrument. A completed W-8 or W-9 is required.
 - d. An entity: (i.e. – Corporation, Partnership, etc)
Insert entity's full legal name and address.
We require a copy of one of the following:
 - ☐ Certified articles of incorporation
 - ☐ Government-issued business license
 - ☐ Partnership Agreement

For Corporations or Entities within the United States, a completed W-9 form is required. For those outside the domicile of the United States, tax certification is required. Please refer to the Internal Revenue Service website at www.irs.gov for the appropriate W-8 tax form.

When an agent/registered representative is assisting with the transfer, an Identification and Verification form (22502) should be submitted, with sections 1 and 4 completed, along with the transfer request in lieu of a copy of the certified articles of incorporation, government-issued business license or partnership agreement. If form 22502 is not submitted, a copy of the applicable document shown above is required, along with the transfer request.



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7. For completing the signature area on Page 5, where the Current Owner is a:

- a. **Trustee, Guardian, etc.:** When this request is signed by a person acting as a trustee, guardian, or in some similar capacity, the trust instrument or other evidence of that person's authority to change ownership should accompany the request for change. The title of the trustee, guardian, etc. is to follow the signature of that individual.
- b. **Corporation:** This request must be signed on behalf of the corporation by two disinterested (non-insured) Corporate Officers (President, Secretary or Treasurer), with their titles. New York Life or its subsidiaries may require a copy of the corporate board minutes which authorized the change of ownership.
- c. **Partnership:** This request must be signed by two partners, with their titles as partner, other than the Annuitant. In the case of a limited partnership, we will require only the signature of a general partner, with the title of general partner. Please attach a copy of the partnership agreement

Instructions for Designation of Successor Owner – Applicable to Non-Qualified Immediate Annuities Only

1. Please print clearly when completing form.
2. A Successor Owner becomes the New Owner when the designated Owner dies. This designation terminates automatically if ownership is transferred, if a new Successor Owner is designated, or if the Successor Owner dies before the designating Owner.
3. The Person(s) that has the right to Name a Successor Owner must complete and sign page **10** to designate a Successor Owner. The Successor Owner must provide a Tax Identification Number (TIN) and signature.
4. Where the Successor Owner is to be:
 - a. **The Annuitant:** Insert the words "The Annuitant".
 - b. **Natural Person(s), other than the Annuitant:** Insert the Successor Owner's full name, and relationship to the Annuitant.
 - If the Successor Owner is a minor, a legal guardian must be named, or, a Uniform Transfers to Minors Act (UTMA) or Uniform Gift to Minors Act (UGMA) designation must be used, as follows: "(insert name of the custodian) as Custodian for (insert name of the minor and relationship to annuitant) under the (insert the state in which the minor lives) Uniform Transfers (or Gifts) to Minors Act:"
 - Where two natural persons are named, rights of ownership will pass jointly to the survivor, unless otherwise specified. Where rights are not to pass jointly to the survivor(s), the names and relationships should be followed by the words "jointly in common."
 - c. **A Trust:** Insert the name of the trustee followed by the words "trustee under" and the proper title and date of the trust. In general, a trustee of a trust created under a will should not be designated as Successor Owner.
 - d. **An Entity:** Insert entity's full legal name and address.



Part I – Request for Transfer of Ownership

This section to be completed by the Current Owner

Indicate number of policies to be changed: _____ Indicate number of New Owner(s): _____

Policy #(s) _____ on the
life of _____ the Annuitant.

All rights of ownership in the above numbered policy(ies) are to be transferred to a New Owner(s) as follows: If there are more than two new owners, please complete the information for each new owner on a separate sheet of paper and submit it with Transfer of Ownership Request. Each New Owner must provide a signature on page 9 and Tax Identification Number above.

New Owner 1:

New Owner 2:

Full Name & Relationship to Annuitant REQUIRED

Full Name & Relationship to Annuitant REQUIRED

Address:

Address:

Please provide a Residence or Business Street Address. P.O. Box not acceptable

Please provide a Residence or Business Street Address. P.O. Box not acceptable

City, State & Zip Code

City, State & Zip Code

Birth date (REQUIRED if a natural person):

Gender:

☐

Male

☐

Female

____/____/____

Birth date (REQUIRED if a natural person):

Gender:

☐

Male

☐

Female

____/____/____

Is the New Owner(s) (if a natural person) a citizen of the United States?

☐

Yes

☐

No

If No, please supply Passport Number:

Country of Issuance: _____

Expiration Date: _____

Is the New Owner(s) (if a natural person) a citizen of the United States?

☐

Yes

☐

No

If No, please supply Passport Number:

Country of Issuance: _____

Expiration Date: _____

For Check-O-Matic: (C-O-M)

I, the Person(s) that has the right to Transfer Ownership, and I the person assuming new ownership, have premium payment(s) paid with a C-O-M Arrangement. I understand that if I do not make a selection below, the C-O-M arrangement will automatically discontinue. I wish to:

☐ Continue the C-O-M

☐ Discontinue the C-O-M

☐ Change the C-O-M (The New Owner must complete and submit Form 18492 and attach a voided check or savings slip)

For Beneficiary(ies) Designation:

The existing Beneficiary(ies) Designation on the Company's records will continue as is unless a new Beneficiary(ies) Designation is requested by the New Owner (Form 21131 must be attached if changing beneficiary(ies))

For Scheduled Option(s):

I, the Person(s) that has the right to Transfer Ownership, and I the person assuming new ownership, have checked below, the following scheduled option(s) on the policy(ies) that I wish to have continued. I understand that if I have an existing scheduled option(s) and it is not checked below, it will automatically be discontinued.

☐ Automatic Asset Reallocation

☐ Dollar Cost Averaging

☐ Interest Sweep

☐ Periodic Partial Withdrawal Arrangement

☐ Dollar Cost Averaging Advantage



I/We, the Person(s) that has the right to Transfer Ownership, understand and agree that:

1. All rights of ownership in the policy(s) shown on page 4 are to be transferred to the New Owner shown on page 4.
2. When acknowledgement is sent by NYL, this Transfer of Ownership will take effect as of the date as stated in your policy, subject to any payment made or other action taken by NYL before recording the change or, if endorsement of a policy is required by NYL, before that endorsement has been made by NYL.
3. This Transfer of Ownership does not change the Annuitant or Beneficiary nor is this Transfer of Ownership an assignment of the policy.
4. The policy will be held as separate property by the New Owner.

Print Name of Person that has the right to Transfer Ownership

Print Name of Additional Signer, if required

X _____ **X** _____
Signature of Person that has the right to Transfer Ownership Date Additional Signature, if required Date

()

Telephone Number of Person that has the right to Transfer Ownership

()

Telephone Number of Additional Signer

If the indicated policy is corporate-owned, provide signatures and titles of two corporate officers.

Print Officer's Name and Title

Print Officer's Name and Title

X _____ **X** _____
Signature of Officer Signature of Officer



This section to be completed by the New Owner – For Variable Products only:

Please Note: If more than one policy is transferring to you, as indicated on Page 4 of this Transfer of Ownership Request, please complete separate Investor Profile information for each policy number. Otherwise, the Investor Profile information below will be applicable to all policies referenced on page 4 for this Transfer of Ownership.

INVESTMENT PROFILE INFORMATION:

Policy Number _____

Occupation _____

Associated with FINRA Member Firm ☐ Yes ☐ No

Name of Firm if associated: _____

Address of Firm if associated: _____

Marital Status: _____ Number of Dependents: _____

Annual Income from all sources including Spousal/Domestic Partner Income if applicable: _____

Liquid Net Worth (exclusive of residence/real estate). Include Net Worth of spouse/domestic partner, if applicable: _____

Current Tax Bracket: ☐ 0 – 10 % ☐ 11 – 20 % ☐ 21 – 30 % ☐ Over 30 %.

Risk Tolerance: ☐ Conservative ☐ Moderately Conservative ☐ Moderate ☐ Moderately Aggressive ☐ Aggressive ☐

Investment Objective: ☐ A. Income with Capital Preservation ☐ D. Growth
☐ B. Income with Moderate Growth ☐ E. Aggressive Growth
☐ C. Growth with Income

Risk Tolerance: This represents how willing you are to risk a potential decline in value for the potential of a higher return. These are Conservative, Moderately Conservative, Moderate, Moderately Aggressive and Aggressive and are shown below. Please see the Investment Objectives Description for further clarification.

Conservative:	Associated with Investment Objective A <i>only</i> .
Moderately Conservative:	Associated with Investment Objective A or B <i>only</i> .
Moderate:	Associated with Investment Objective A, or B or C <i>only</i> .
Moderately Aggressive:	Associated with Investment Objective A or B or C or D
only. Aggressive:	Associated with Investment Objective A or B or C or D or E.

Plan Type: Type of policy or account you have with one of the New York Life Companies.

Policy / Account Number: The policy or account number associated with the plan.

Investment Objective: See page 7 for Investment Objectives Descriptions.



Investment Objectives Descriptions

A. Income with Capital Preservation: For the investor who seeks investment stability and liquidity with a primary portfolio objective to preserve capital while providing income. Fluctuations in the values of portfolios of this type are usually minimal. This investment may represent any Risk Tolerance. No portion of the investment may be allocated to funds or investment divisions classified as high and/or highest risk if the investor has a Conservative Risk Tolerance. No more than 20% of the investment may be allocated to funds or investment divisions classified as high and/or highest risk for all other investors.

B. Income with Moderate Growth: For the investor who seeks current income and modest long-term growth, with a slightly higher risk tolerance than the investor in the capital preservation category. Primary portfolio objective is current income. Fluctuations in the values of portfolios of this type may occur from year to year. This investment may represent any Risk Tolerance. No more than 30% of the investment may be allocated to funds or investment divisions classified as high and/or highest risk if the investor has a Moderately Conservative Risk Tolerance. No more than 40% of the investment may be allotted to funds or investment divisions classified as high and/or highest risk for all other investors.

C. Growth with Income: For the investor who seeks relatively stable long-term growth with a low level of income and has a moderate risk tolerance. Primary portfolio objective is to achieve steady long-term growth. Fluctuations in the values of portfolios of this type are usually less than those of the overall stock markets. This investment may represent a Moderate, Moderately Aggressive, or Aggressive Risk Tolerance. No more than 50% of the investment may be allocated to funds or investment divisions classified as high and/or highest risk if the investor has a Moderate Risk Tolerance. No more than 60% of the investment may be allocated to funds or investment divisions classified as high and/or highest risk for all other investors.

D. Growth: For the investor who seeks capital appreciation. Primary portfolio objective is above-average capital appreciation. Fluctuations in the values of portfolios of this type are usually the same as those of the overall stock markets. This investment may represent a Moderately Aggressive or Aggressive Risk tolerance. No more than 80% of the investment may be allocated to funds or investment divisions classified as high and/or highest risk.

E. Aggressive Growth: For the investor who seeks maximum capital appreciation. Primary portfolio objective is aggressive capital appreciation. Fluctuations in the values of portfolios of this type are substantial from year to year and are more than in the overall stock markets. This investment may represent an Aggressive Risk tolerance only. Up to 100% of the investment can be allocated to funds or investment divisions classified as high and/or highest risk.

New Owner – To Change Scheduled Option(s):

You can obtain any of these forms through our Virtual Service Center at www.newyorklife.com/vsc or you may also contact your agent and/or registered representative.

- For Automatic Asset Reallocation, Dollar Cost Averaging, or Interest Sweep changes, please complete the Automatic Asset Reallocation – Interest Sweep – Dollar Cost Averaging Form 18523.
- For Dollar Cost Averaging Advantage changes, please complete the Dollar Cost Averaging (DCA) Advantage Election Form 22156.
- For Variable Annuity Periodic Partial Withdrawal changes, please complete the Periodic Partial Withdrawal/Partial Withdrawal Request Form 18484.
- For Fixed Annuity Periodic Partial Withdrawal changes, please complete the Periodic Partial Withdrawal/Partial Withdrawal Request Form 18484F.



This section to be completed by the New Owner – For Variable Products only:

Trusted Contact Person

I/We expressly authorize NYLIFE Securities and its affiliates (collectively, "New York Life") to contact the Trusted Contact Person indicated below should New York Life reasonably believe that: (1) it would be helpful to do so in the connection with administering my/our contract/account; (2) the owner(s) is/are subject to a mental or physical impairment that renders the owner(s) unable to protect his/her/their own interest; or (3) that the owner(s) is/are subject to financial exploitation.

I/we understand that New York Life may provide the Trusted Contact Person with information about my/our contract/account and other securities, investment advisory and insurance products or accounts that I/we hold at New York Life, and may confirm current contact information, health status, and the identity of any legal guardian, executor, trustee or holder of a power of attorney. By providing the name of a Trusted Contact Person and signing this Investor/Client Profile below, I/We hereby expressly consent to the above types of communications with the Trusted Contact Person. I/We understand that I/We may at any time submit a request in writing that New York Life remove or change the Trusted Contact Person. I/We confirm that the Trusted Contact Person is over age 18.

☐ I/We elect not to provide the name of a Trusted Contact Person.

Trusted Contact Information:

Name _____

Relationship _____

Daytime Phone Number _____

Evening Phone Number _____

Email _____

Street Address _____

City, State, and Zip Code _____

This section to be completed by the New Owner – Tax Information

IMPORTANT: The Internal Revenue Service (IRS) and New York Life REQUIRE that the New Owner complete the following:

Taxpayer Identification Number and Backup Withholding Certifications

Policyowner's Taxpayer Identification Number is _____

Under penalties of perjury, I (as owner named) certify:

- (1) My social security number or Tax ID number shown on this form is my correct taxpayer identification number,
- (2) I am not subject to backup withholding because (a) I am exempt from backup withholding; or (b) I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest or dividend income; or (c) the IRS has notified me that I am no longer subject to backup withholding,
- (3) I am a U.S. person (includes a U.S. resident alien), and
- (4) I am exempt from Foreign Account Tax Compliance Act (FATCA) reporting.

☐ Check this box if the IRS has notified you that you are subject to backup withholding.

If I am not a U.S. citizen, U.S. resident alien or other U.S. person, I am submitting the applicable Form W8 with this form to certify my foreign status and, if applicable, claim treaty benefits.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

X _____

Signature of New Owner

_____/_____/_____
Date

I/We, the New Owner(s), understand and agree:

1. The provisions relating to Ownership and Transfer of Ownership on pages 1 through 9 of this form are made a part of the above ownership designation and a part of the policy(ies) shown on page 4.
2. All policy terms and conditions apply to the New Owner.
3. I/We acknowledge receiving a copy of all agreements related to the variable policy annuity.
4. I/We received a copy of NYL's privacy policy.
5. I/We also understand and agree with the selections made to continue or discontinue the Check-O-Matic, Beneficiary(ies) Designation, and Scheduled Option(s) as indicated on page 4.
 - The Check-O-Matic will discontinue on all policies transferred and referenced on page 4 unless "continue" or "change" the Check-O-Matic was selected on Page 4.
 - The Beneficiary(ies) Designation will continue as is on all policies transferred and referenced on page 4 unless the Change of Beneficiary, form. 21131, is submitted with this Transfer Of Ownership/Designation of Successor Owner Request Form.
 - The Scheduled Option(s) that are checked on page 4 will be effective on all policies transferred and referenced. If an existing option is not checked, it will be discontinued. If I wish to change an option, the change request form(s), as detailed on page 7, is submitted with this Transfer Of Ownership/ Designation of Successor Owner Request Form.

The Internal Revenue Service does not require your consent to any provision of this document other than the tax certifications made under penalties of perjury set forth under "Taxpayer Identification Number and Backup Withholding Certifications."

Print Name of New Policyowner

Print Name of Additional Signer, if required

X _____

Signature of New Policyowner

_____/_____/_____
Date

X _____

Additional Signature, if required

_____/_____/_____
Date

(_____) _____

Telephone Number of New Policyowner

(_____) _____

Telephone Number of Additional Signer

If the indicated policy is corporate-owned, provide signatures and titles of two corporate officers.

Print Name and Title of Officer

Print Name and title of Officer

X _____

Signature of Officer

_____/_____/_____
Date

X _____

Signature of Officer

_____/_____/_____
Date



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Part II Request to Name Successor Owner (Available for Immediate Annuities Only)

This section to be completed by the New Owner

Note:

If a Transfer of Ownership for an Immediate Annuity was indicated on page 4, the Person(s) that has the right to Designate a Successor Owner should consider the desirability of naming a Successor Owner (Owner's Designee). A Successor Owner will become the New Owner of the policy if the New Owner, named on page 4, dies before the Annuitant. If no Successor Owner is named or if no Successor Owner survives the Owner, and the Owner dies before the Annuitant, the Owner's estate becomes the New Owner. If the Person that has the right to Designate a Successor Owner wishes to name a Successor Owner, this page must be completed. When the succession occurs, we will validate all necessary information of the Successor Owner.

Successor Owner (Full Name and Relationship to Annuitant **REQUIRED**) _____

Successor Owner Address (Street, City, State, and Zip Code **REQUIRED**) _____

I understand and agree that:

1. The Provisions relating to the Designation of Successor Owner below are made a part of the Successor Owner designation and a part of the above referenced policy (or policies).
2. When countersigned for New York Life Insurance Company, this designation of Successor Owner will take effect as of the date this request was signed, subject to any payment made or other action taken by the Company before recording the designation or, if endorsement of the designation on a policy is required by the Company, before that endorsement has been made by the Company. When this change takes effect, it will terminate any existing designation of Successor Owner.

The Birth Date and Tax Identification Number of the indicated Successor Owner is **REQUIRED** to complete your request.

Successor Owner (if other than Annuitant): Birth date:_____/_____/_____ Tax Identification Number:_____

Print Name of Person that has the right to Name a Successor Owner

Print Name of Additional Signer, if required

X_____/_____/_____
Signature of Person that has the right to Name a Successor Owner Date

X_____/_____/_____
Additional Signature, if required Date

(_____)_____
Telephone Number of Person that has the right to Name a Successor Owner

(_____)_____
Telephone Number of Additional Signer

If the indicated policy is corporate-owned, provide signatures and titles of two corporate officers

Print Name and Title of Officer

Print Name and Title of Officer

X_____/_____/_____
Signature of Officer Date

X_____/_____/_____
Signature of Officer Date



Provisions Relating to Transfer of Ownership

The person having the right to transfer the ownership of the policy can do so by using this signed notice furnishing the necessary information to the Company. When the Company records the change, it will take effect as of the date stated in your policy, subject to any payment made or other action taken by the Company before recording. **Note:** Most of our variable annuity contracts explicitly state that the ownership change will take effect on the date it is received. Generally, only fixed deferred and immediate products state, "as of the date signed". The policy should not be sent to the Company for endorsement unless the Company requests it. Instead, an endorsement will be returned to the New Owner to be kept with the policy after the change has been recorded. New York Life will send the Policyowner(s) that has the right to Transfer Ownership and the New Owner a letter containing information regarding the new ownership change and/or information about the policy(ies) once the Transfer of Ownership is complete.

Note: A Transfer of Ownership may create a taxable event. Consult with a tax advisor. A Transfer of Ownership to a "non individual" such as a corporation, partnership or trust may result in a loss of tax deferred status.

