



NEW YORK LIFE INSURANCE COMPANY
NEW YORK LIFE INSURANCE AND ANNUITY CORPORATION (A Delaware Corporation)

Direct Deposit Authorization

To have your payments sent directly to your bank account, complete this form and attach it to your application.

Annuity Policy Number (If known) _____

| | |
|--|----------------|
| Name of Financial Institution and Branch Name (if any) | _____ |
| Complete Address of Financial Institution | _____ _____ |
| Routing Number of Financial Institution | _____ |
| Account Number | _____ |
| Accountholder's Name | _____ |
| Please Check One: <input type="checkbox"/> Checking <input type="checkbox"/> Savings | |
| (If the payments are to be deposited into a checking account, please attach a voided specimen check) | |

Please Note: The Accountholder of the bank account must be an Owner of the Annuity or the Payee if other than an Owner. If the Financial Institution is a member of the automatic Clearing House (ACH), your payments will be processed via Electronic Funds Transfer (EFT).

By electing EFT, you agree that all payments so made shall discharge New York Life to the extent of the payments. In addition, you understand that because of New York Life's annuity payment processing requirements and, if applicable, the Financial Institution's processing requirements, your EFT payment receipt date (the day the payment is available in your account) may be later than the start date you elect (including each subsequent income payment date).

You further agree that any EFT payments made after your death shall not be held for the benefit of your estate, but shall be repaid to the Company upon request. You authorize and direct the Financial Institution to refund to the Company an amount equal to any payments made after your death, and if such payments shall have been credited to your account, or to the account of your estate, to charge such account accordingly.

Policyowner's Signature

Date

Attach to the application, or

RETURN FORM TO:

| | |
|---|---|
| For Variable Life and Variable Annuity policies: | New York Life, Variable Products Service Center Madison Square Station, PO Box 922, New York, NY 10159 |
| For all other policies: | |
| If You Live In: AL, CT, DC, DE, FL, GA, IL, IN, KY, MA, ME, MD, MI, MS, NC, NH, NJ, NY, OH, PA, RI, SC, TN, VA, VT, WI, or WV, return this form to: | New York Life, Cleveland Service Center PO Box 6916, Cleveland, OH 44101 |
| If You Live In: AK, AR, AZ, CA, CO, HI, IA, ID, KS, LA, MN, MO, MT, NE, ND, NM, NV, OK, OR, SD, TX, UT, WA, or WY, return this form to: | New York Life, Dallas Service Center PO Box 130539, Dallas, TX 75313-0539 |

