Withdrawal Form

As a reminder, with Clear Income Advantage, you have the option to add or remove annuitant prior to starting your withdrawals. You will not be able to add or remove annuitants once payments have begun.

| STEP 1 Tell us your policy information. | | | | | | | |
|---|-------------------|--|--|--|--|--|--|
| Policy number | | | | | | | |
| | | | | | | | |
| Policy owner name | | | | | | | |
| | | | | | | | |
| Mobile phone | Email | | | | | | |
| Address Please update to this address. | | | | | | | |
| STREET APT. | CITY STATE ZIP | | | | | | |
| Joint owner name (if applicable) | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Note: If applicable, for the New York Life Clear Income Fixed Annuity, a Market Value Adjustment (MVA) may also apply in addition to any applicable surrender charges. A MVA is a positive or negative adjustment to the policy's accumulation value or the amount received in a withdrawal, when a partial withdrawal or full surrender is made during the surrender charge period and the withdrawal or surrender exceeds the policy's surrender charge free withdrawal amount. Please refer to your policy for complete details. | | | | | | | |
| One Indirect Rollover Per Year Rule (Applies to Traditional, Roth, SEP | and SIMPLE IRAs): | | | | | | |
| Beginning as early as January 1, 2015, you can make only ONE rollover f | | | | | | | |
| regardless of the number or types of IRAs you own (IRS Announcement | | | | | | | |
| of trustee-to-trustee transfers between IRAs. You can also make an un | | | | | | | |
| ("conversions"). Please consult your tax advisor prior to effecting a roll | over. | | | | | | |
| STEP 2 Partial Withdrawal (One-time only) | | | | | | | |
| The minimum amount that may be withdrawn is \$100. Please refer to the "Important GLWB Rider Considerations" section for additional information. Partial withdrawal requests for amounts greater than \$50,000 must include a notarized confirmation or Medallion Signature Guarantee of the policy owner's signature. | | | | | | | |
| Should this be considered an Early Access Withdrawal? \square Yes \square No | | | | | | | |
| NOTE: An Early Access Withdrawal will not result in the calculation of the GLWB Amount. You may only request one Early Access Withdrawal. This withdrawal will proportionately reduce all guarantees provided under your GLWB rider based on the percent this withdrawal amount (including any applicable Surrender Charge and MVA) represents of your Accumulation Value at the time of the withdrawal. All future withdrawals (taken at age 59 ¹ / ₂ or later) will be treated as lifetime withdrawals. Please refer to your contract for further details. | | | | | | | |
| Choose one option: | | | | | | | |
| ☐ Maximum Guaranteed Lifetime Withdrawal Benefit (GLWB) Amount: An amount equal to the maximum GLWB amount allowed under the GLWB rider (available at age 59¹/₂ or later and not available as an early access withdrawal). | | | | | | | |
| Percentage of Maximum GLWB Amount: An amount equal to GLWB rider (available at age 591/2 or later and not available as an early acce | | | | | | | |
| ☐ Withdraw the maximum amount that is not subject to surrender charges. | | | | | | | |
| ☐ Withdraw%: I am aware that I may incur a surrender charge and MVA. | | | | | | | |
| ☐ Gross Withdrawal \$: Any applicable surrender charges, MVA and tax withholding will be deducted from the payment you receive. | | | | | | | |
| Net Withdrawal \$: The payment you will receive will be equal to the amount requested. Any applicable surrender charges, MVA and tax withholding will be deducted from your annuity by increasing the amount of your withdrawal request to cover these charges. | | | | | | | |





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| STEP 3 Periodic Partial Withdrawal (PPW - recurring withdrawals) | | | | | | | | |
|--|--|---|---|--|---|---|---|--|
| PPWs before age 59 ¹ / ₂ are not recommended as they will cause significant reductions to future GLWB guaranteed lifetime income. Please refer to the "Important GLWB Rider Considerations" section for additional information. | | | | | | | | |
| 3A: | Tell us how | much you would like | to receive the | scheduled v | vithdra | awals (Che | eck only one) | |
| Che | eck one: | | | | | | | |
| | | B Amount: An amount ed | • | | | | | |
| | Percentage of I GLWB rider. | Maximum GLWB Amount: | An amount equal to | 0 | %(| enter whole | percentages only) of the GLWB amount allowed under the | |
| | nterest only. | | | | | | | |
| l | • | unt (Minimum \$100) \$ | | ☐ Percentage | | % | | |
| | Gross Withdra\ Maximum amo | val \$: Ar unt that is not subject to s | • | ider charges, iv | ivA and | tax withhold | ding will be deducted from the payment you receive. | |
| | | • | - | wals made pur | suant t | Section 72 | 2(t)(2)(A)(iv) of the Internal Revenue Code. Surrender charge free | |
| | | product. Please contact o | | | | | | |
| | | ium Distribution (RMD): C | | | | | | |
| | | istribution Period applie | | - | | | | |
| | □ Spousal Be | eneficiary, if spouse is so | ole beneπciary and | a at least 10 ye | ears yo | unger. | | |
| Spo | use's name | | Spouse's da | te of birth | | | Spouse's Social Security Number | |
| | | | | | | | | |
| | | | | | | | | |
| 3B: | Tell us the | frequency you would | l like to receive t | these sched | luled v | vithdrawa | ıls. | |
| | Monthly | Quarterly | Semi-Anr | nually | ☐ Aı | nnually <i>I</i> | lf not checked, withdrawals will be made monthly. | |
| 3C: | Tell us the | date you would like f | or the first with | drawal to b | e with | drawn fro | m your policy. | |
| Р | ayment date | s may not be the 29th, | 30th, or 31st of a | month. | | | | |
| | | | | MOI | NTH | DAY | YEAR | |
| Not | ha. This is the | date that the funds are | withdrawn from v | our policy po | the d | ate that the | ey will be received. If the day you have chosen for your Periodic | |
| | | | | | | | your payment shall be made on the following business day. | |
| STE | p4 Full Sur | render | | | | | | |
| 311 | | | Life appuity Lam | n awaro that l | mavin | CUR a SURFO | ender charge and all guarantees associated with my GLWB | |
| | | null and void. I certify th | | | | | | |
| STE | p 5 Tellush | now you would like to | receive your pro | oceeds (sele | ct only | one). | | |
| | Send me a c | heck to the address be | elow. | | | | | |
| | Address | | | | | | | |
| | | STREET | | APT. | | CITY | STATE ZIP | |
| lд | Condition | ala di a di la calla da calla da calla di calla | | ala la Flac | | Б | | |
| ╽╙ | | eas airectly to my bank ount provided, we will s | | | | | nsfer (EFT). If we are unable to send your payment(s) via EFT to ess provided in Step 1. | |
| | | | | | | | <u> </u> | |
| | Routing number | | | | | Bank nam | ne | |
| | Tidiffice | | | | | | | |
| | Account | | | Checking | | Name of a | account holder | |
| | number | | | Saving | _ | | | |
| | Suvings | | | | | | | |
| If the day you have chosen for your Periodic Partial Withdrawal payments falls on any day which is not a business day (e.g. weekend or holiday), your | | | | | | | | |
| | | | | | | | | |
| pa | yment shall b | e made on the following | g business day. Th | | | | ay which is not a business day (e.g. weekend or holiday), your will be equal to the unit value for the respective Allocation | |
| pa: Alt | yment shall b ernative on t | e made on the following ne business day the pay | g business day. Th yment is made. | ne unit value i | for eac | n payment | will be equal to the unit value for the respective Allocation | |
| pa Alt No | yment shall b ernative on t te: Your Finar | e made on the following ne business day the pay ncial Institution must b | g business day. Th yment is made. e a member of the | he unit value i | for eac Clearir | n payment | will be equal to the unit value for the respective Allocation ACH). Please check with your Financial Institution. | |
| pa Alt No Th | yment shall b ernative on t te: Your Finar e account hol | e made on the following ne business day the pay ncial Institution must b der of the bank account | g business day. Th yment is made. e a member of the must be an Owne | he unit value to the Automated er of the Annu | for eac Clearir iity. If tl | n payment ng House (A ne Financial | will be equal to the unit value for the respective Allocation ACH). Please check with your Financial Institution. I Institution is a member of the ACH, your payments will be | |
| Pag Alt No Th pro the | yment shall b ernative on t ete: Your Final e account hol ocessed via El e payments. Ir | e made on the following ne business day the pay ncial Institution must b der of the bank account ectronic Funds Transfe n addition, you understa | g business day. Theyment is made. e a member of the amust be an Owner (EFT). By electing and that because of | e Automated er of the Annu g EFT, you ago of New York L | Clearing the control of the control | n payment ng House (A ne Financial t all paymer nuity paym | will be equal to the unit value for the respective Allocation ACH). Please check with your Financial Institution. | |

benefit of your estate, but shall be repaid to New York Life upon request. You authorize and direct the Financial Institution to refund to New York Life $an amount equal to any payments \ made after your \ death, and \ if such payments \ shall \ have been \ credited \ to \ your \ account, or \ to \ the \ account \ of \ your \ account, or \ to \ the \ account \ of \ your \ account, or \ to \ the \ account \ of \ your \ account, or \ to \ the \ account \ of \ your \ account, or \ to \ the \ account \ of \ your \ account, or \ to \ the \ account \ of \ your \ account, or \ to \ the \ account \ of \ your \ account, or \ to \ the \ account \ of \ your \ account, or \ to \ the \ account \ of \ your \ account, or \ to \ the \ account \ of \ your \ account, or \ to \ the \ account \ of \ your \ account, or \ to \ the \ account \ of \ your \ account, or \ to \ the \ account \ of \ your \ account, or \ to \ the \ account \ of \ your \ account, or \ to \ the \ account \ of \ your \ account, or \ to \ the \ account \ of \ your \ account, or \ to \ the \ account \ of \ your \ account, or \ to \ the \ account, or \ to \ the \ account \ of \ your \ account, or \ to \ the \ account, or \ the \ account, or \ to \ the \ account, or \ to \ the \ account, or \ account, or \ to \ the \ account, or \ accou$



estate, to change such account accordingly.

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| STEP 6 Select your Tax Withholding Election - | | | | | | | | | |
|--|----------------------------------|-----------------------|--------------------------------|------------------------------------|--|--|--|--|--|
| Note: If you surrender your policy, it may result in a taxable gain. Any taxable gain will be reported by us to you, to the Internal Revenue Service, and to any applicable state taxing authorities. Be sure to discuss this with your tax advisor. | | | | | | | | | |
| Are you a citizen of the United States? | s 🗌 No | | | | | | | | |
| Please select the withholding options that apply | to this payment. | | | | | | | | |
| Federal withholding election: ☐ NO withholding ☐ YES withhold at defaul | t 10% rate 🗌 YES | withhold at a differe | ent rate (IRS Form W-4R re | equired) | | | | | |
| State withholding election: No withholding (may not be available in certain states) YES withhold at% rate (minimum state withholding may apply) | | | | | | | | | |
| If you elect to have federal income tax withheld, you can choose any rate between 1 - 100%. If you wish to have federal withholding at a rate other than the default 10% rate, please submit a completed IRS Form W-4R (which can be found at www.irs.gov) along with this request form. For an eligible rollover distribution, 20% minimum withholding is required. If federal withholding applies, state withholding may apply depending on your state of residence. We are required by Federal law to withhold 10% of any taxable gain that may result from this transaction if: (1) your taxpayer identification number is not provided in Step 7, (2) you do not make a withholding election, or (3) the payment is delivered outside of the United States or its possessions. | | | | | | | | | |
| STEP 7 Read and sign. | | | | | | | | | |
| Your signature(s) confirm that you understand and agree that: You have read all the information on this form and that the information you have provided is correct. Where the owner is a corporation or trust, please provide signatures of two corporate officers or all trustees as well as their respective titles. Partial withdrawal requests for amounts greater than \$50,000 must be received in a form acceptable by us and include a notarized confirmation of the owner's signature or a medallion signature guarantee. | | | | | | | | | |
| Owner Tax Certification | | | | | | | | | |
| 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; (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. The FATCA code entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. (Please note: if being submitted for a U.S. account, this last certification (4) does not apply.) Check this box if the IRS has notified you that you are subject to backup withholding. If you are a U.S. entity, you must submit a completed IRS Form W-9. If you are not a U.S. resident alien or other U.S. person, you must submit the applicable Form W8 with this form to certify your foreign status and, if applicable, claim treaty benefits. If you are not a U.S. person, your signature below only applies to the provisions of this document other than the provisions contained in this Owner Tax Certification section. Enter your Social Security number if you are an individual. | | | | | | | | | |
| The Internal Revenue Service does not require your con- | sent to any provision | of this document oth | er than the certifications req | uired to avoid backup withholding. | | | | | |
| Χ | | | | | | | | | |
| Policy owner/Officer/Trustee signature | Title of Officer (if applicable) | | Name (Print) | Date | | | | | |
| Policy owner (required if joint owner) Officer/Trustee signat | | | Name (Print) | Date | | | | | |
| Notarized confirmation/Medallion signature guar | rantee for amounts | greater than \$50,0 | 100 (REQUIRED) | | | | | | |
| State of County of | | Notary stamp | | | | | | | |
| The foregoing instrument was acknowledged before m day of | | | | | | | | | |
| by, who is/s known to me or satisfactorily proven to be the person w for the purpose therein contained. | | | | | | | | | |
| Notary Public F | Print name | | Date commission Ex | pires | | | | | |
| | | | | | | | | | |
| STEP 8 Done! Send us your completed form. | | | | | | | | | |
| Mail: New York Life, PO Box 130539, Dallas, TX 7: ONLINE: Save time and postage by upload | | ewyorklife com/re | Questions? Call us at 1- | | | | | | |



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Applicable to Clear Income Fixed Annuity - FP Series

All Early Access Withdrawals and withdrawals that exceed your GLWB Amount will proportionally reduce your Income Base. This means that future quaranteed lifetime income provided by your GLWB rider will be lower. If a withdrawal occurs before age 591/2, it will automatically be treated as an early access withdrawal. Additional withdrawals that occur before 591/2 will result in a full proportional reduction to your Income Base and will cease guaranteed increases to your Income base through the Annual Increase Amount (known as the Roll-up in your contract).

Applicable to Clear Income Advantage Fixed Annuity - FP Series

All Early Access Withdrawals and withdrawals that exceed your GLWB amount will result in a reduction of future GLWB amounts.

If a withdrawal occurs before age 591/2, it will automatically be treated as an early access withdrawal.

 $Additional\ with drawals\ that\ occur\ before\ 59\%\ will\ result\ in\ a\ reduction\ of\ your\ GLWB\ amount\ and\ stop\ deferral\ credits.$

Applicable to both products:

Please review your contract or contact the Service Center in order to understand the effects for any type of withdrawal (i.e. early access, lifetime, excess lifetime) you are considering. We will let you know whether such withdrawal will trigger early access or excess lifetime withdrawal treatment and/or what the maximum amount is that you may withdraw without triggering penalties.

Your election to exercise your GLWB allows you to receive income payments but also to retain the liquidity features that are available under your policy. The Company offers a wide range of income annuities some of which may have higher payout amounts because there are limited liquidity features. If you do not want the flexibility of accessing your accumulation value you may want to consider other income annuities that the Company offers. You can speak to your Financial Advisor about other income annuities we offer.

Please refer to your policy for more information about the GLWB, the effect of withdrawals on your benefit base and accumulation value, potential surrender charges and MVAs, the effect of reaching an older age band on your GLWB payment and what happens to your benefit base if you choose not to receive your entire GLWB in a given year.

State Income Tax Withholding Information (as of January 1, 2022)

For residents of Arkansas, California, Delaware, Georgia, Iowa, Kansas, Maine, Maryland, Massachusetts, Nebraska, North Carolina, Oklahoma, Oregon, Vermont, Virginia, and Washington DC: State withholding is generally required if federal income tax is being withheld.

For residents of Arkansas, California, Georgia, Maine, North Carolina, Oregon, and Vermont: If federal income tax is being withheld, state income tax withholding is generally required, unless you elect not to have state income tax withholding apply.

For residents of Michigan: We are required to withhold state income tax 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.

For residents of Minnesota: We are required to withhold state income tax from the taxable portion of your payments, unless you provide us with a properly completed Form W-4MNP and you elect out of withholding.

For residents of Connecticut: We are required to withhold state income tax from the taxable portion of your payments, unless you provide us with a properly completed Form CT-W4P and you claim an exemption from withholding. An exemption may not be claimed for lump sum distributions.

For residents of Indiana, Louisiana, Missouri, Montana, New Jersey, New Mexico, New York, Utah, and Wisconsin: These states do not require with $holding\ of\ state\ income\ taxes,\ but\ generally\ allow\ you\ to\ elect\ to\ have\ withholding\ apply.\ Certain\ exceptions\ and\ special\ rules\ apply\ in\ some\ states.$

For residents of Arizona: State income tax withholding is voluntary and only applies to periodic payments. Withholding election requests must be accompanied by Arizona Form A-4P. Without an A-4P New York Life cannot withhold Arizona state taxes if elected.

State specific tax withholding requirements are subject to change. Please contact a tax professional for more information.

