



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)
2355 Camelback Road, Suite 750
Phoenix, AZ 85016

Transfer of Ownership

Once you make a transfer of ownership, all ownership rights in the policy pass to the Owner(s) designated in Section A, B, or C (the "New Owner(s)") permanently. Subsequent transfers of ownership can be made without your knowledge, and therefore, you may not know who owns the policy on the life of the Insured/Annuitant. Beneficiary changes can also be made without your knowledge, so you may not know the identity of the beneficiary designated to receive the death benefit of your policy. These factors are particularly significant when transferring the ownership of your policy for cash or other valuable consideration to an unrelated third party, such as in a viatical or life settlement. There may be alternatives available in your policy without the necessity of a Transfer of Ownership. Contact your Agent/ Registered Representatives or one of our Customer Service Professionals to discuss possible alternatives. You should consult your tax advisor before any transfer of ownership. The word "policy" refers to policies and contracts issued by New York Life Insurance Company, New York Life Insurance and Annuity Corporation, and NYLIFE Insurance Company of Arizona.

Complete all required fields and initial any corrections that you make. If you do not, we may not be able to act upon your request.

STEP 1 POLICY INFORMATION. Tell us your policy information. You can change more than one policy as long as the policy owner is the same and you are requesting the same changes for each policy.

Policy number(s)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Insured/
Annuitant's
Name

Is this Transfer of Ownership a reportable policy sale of a life insurance contract? ☐ Yes ☐ No
A "reportable policy sale" means the acquisition of an interest in a life insurance contract, directly or indirectly, if the acquirer has no substantial family, business, or financial relationship with the Insured apart from the acquirer's interest in such life insurance contract.

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(s).

STEP 2 NEW OWNER INFORMATION. (If multiple owners are named, all will need to sign for any subsequent changes or requests.)

☐ Please check here if you are naming another owner and retaining the current owner.

A ☐
**TO NAME AN
INDIVIDUAL(S)**

- 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 Transfer to Minor Act (UTMA) or Uniform Gifts to Minor Act (UGMA) designation must be used as follows: "(insert name of the custodian) as Custodian for (insert name of minor and relationship to Insured/Annuitant) under the (insert the state in which the minor lives) Uniform Transfer (or Gifts) to Minors Act."
- When 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."
- **Please note:** The New Owner, if not the Insured/Annuitant, should consider naming a Successor Owner (Owner's Designee). Please complete Section B on the following page if you would like to do so (Not all annuity contracts allow for a successor owner).

New owner **1** name

FIRST

M.I.

LAST

Relationship to Insured/Annuitant (If the relationship is other than self, please complete Section B TO NAME A SUCCESSOR OWNER/OWNER DESIGNEE.)

Gender ☐ Male
☐ Female

Social Security Number - -

Date of birth
MM DD YYYY

Residential address (No PO boxes)

STREET

APT.

CITY

STATE

ZIP

Mailing address (If different)

STREET

APT.

CITY

STATE

ZIP

Preferred phone no.

Is this a cell phone?
☐ Yes ☐ No

Email

Is New Owner a citizen of the U.S.?
☐ Yes ☐ No

If No: Passport Number

Country of Issuance

Passport Expiration Date



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Continued on the next page ►

Transfer of Ownership

STEP 2 NEW OWNER INFORMATION (continued from previous page)

New owner **2** name

FIRST

M.I.

LAST

Relationship to Insured/Annuitant (If the relationship is other than self, please complete Section B TO NAME A SUCCESSOR OWNER/OWNER DESIGNEE.)

Gender ☐ Male
☐ Female

Social Security Number

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Date of birth

MM DD YYYY

Residential address (No PO boxes)

STREET

APT.

CITY

STATE

ZIP

Mailing address (If different)

STREET

APT.

CITY

STATE

ZIP

Preferred phone no.

Is this a cell phone?
☐ Yes ☐ No

Email

Is New Owner a citizen of the U.S.?
☐ Yes ☐ No

If No: Passport Number

Country of Issuance

Passport Expiration Date

B ☐ **TO NAME A SUCCESSOR OWNER/ OWNER DESIGNEE**

SELECTING A SUCCESSOR OWNER IS IMPORTANT. The New Owner, if other than Insured/Annuitant, should consider naming a Successor Owner (Owner's Designee). A Successor Owner will become owner of the policy if the New Owner pre-deceases the Insured/Annuitant(s). If you do not choose a Successor Owner, and the owner pre-deceases the Insured/Annuitant(s), ownership will default to the owner's estate which may require a probate court process to appoint a new owner.

If the New Owner is a minor, a legal guardian must be named, or, a Uniform Transfer to Minor Act (UTMA) or Uniform Gifts to Minor Act (UGMA) designation must be used as follows: "(insert name of the custodian) as Custodian for (insert name of minor and relationship to Insured/Annuitant) under the (insert the state in which the minor lives) Uniform Transfer (or Gifts) to Minors Act."

Note: Not all annuity contracts allow for a successor owner.
Please contact a customer service professional if you have an annuity.

Successor Owner Name

FIRST

M.I.

LAST

Relationship to Insured/Annuitant

Gender ☐ Male ☐ Female

Social Security Number

--	--	--	--	--	--	--	--	--	--

Date of birth

MM DD YYYY

Address

STREET

APT.

CITY

STATE

ZIP

Joint Successor Owner Name

FIRST

M.I.

LAST

Relationship to Insured/Annuitant

Gender ☐ Male ☐ Female

Social Security Number

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Date of birth

MM DD YYYY

Address

STREET

APT.

CITY

STATE

ZIP



Continued on the next page ►

STEP 2 NEW OWNER INFORMATION (continued from previous page)										
C <input type="checkbox"/> TO NAME A BUSINESS/ ORGANIZATION	<ul style="list-style-type: none"> A copy of one of the following is required: Certified articles of incorporation, business license, partnership agreement. In lieu of these documents, a completed Agent Certification on Step 6 of this form is acceptable. A copy of one of the following is required: Letter of Incumbency, Corporate Resolution or equivalent showing authorized signers. A completed W-9 form is required if the entities are within the United States. 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. <p>Funeral Homes</p> <ul style="list-style-type: none"> In addition to the business license, a Pre-Need Agreement is required. Naming a funeral home as an owner is not permitted in Washington, D.C. 									
Type of business/organization <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Other										
Name of business/organization										
Name of sole proprietor (if applicable)										
Tax Identification Number (A completed W-8 or W-9 is required) <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> - <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>										
Residential address (No PO boxes)										
STREET	APT. CITY STATE ZIP									
Mailing address (if different)										
STREET	APT. CITY STATE ZIP									
Preferred phone no.	Is this a cell phone? <input type="checkbox"/> Yes <input type="checkbox"/> No Email									

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Transfer of Ownership

STEP 2 NEW OWNER INFORMATION (continued from previous page)

D ☐
TO NAME A TRUST

- A completed W-8 or W-9 is required.
- A copy of the Title, Signature, and Notary pages of the trust agreement, including the pages showing the trustee and successor trustee information is required. New York Life or its subsidiaries reserves the right to request the entire trust document.

Trust is (check one) ☐ Irrevocable ☐ Revocable ☐ Grantor Trust is created by _____ as Grantor/Settlor/Trustor

Name of Trust

Date of Trust

Tax Identification Number (A completed W-8 or W-9 is required)

Date of Last Amendment, if any

State where Trust Established

Name of current Trustee(s)

Relationship of Trustee(s) to Insured/ Annuitant

Beneficiary(s) of Trust

Relationship of Trust Beneficiary(s) to Insured/ Annuitant

Name of Grantor/Settlor/Trustor

Relationship to Insured/Annuitant

If Trustee is also Insured, name of Trustee upon death

Residential address (No PO boxes)

STREET

APT.

CITY

STATE

ZIP

Mailing address (If different)

STREET

APT.

CITY

STATE

ZIP

Preferred phone no.

Is this a cell phone?
☐ Yes ☐ No

Email

Statement Regarding Trust as Owner – by checking the box below,

☐ I/We affirm the Trust Agreement created by the Grantor as shown above (and the trust date shown above) agrees with the following:

1. The Trustee(s) have full authority to pay premiums.
2. The Trust Agreement contains no limitations on the ownership rights of the Trust (s) as owner(s) of the insurance/annuity policies.

STEP 3 ELECTIVE OPTIONS OF PRIOR OWNER. To be reviewed by both Current and New Owner when completing this section.

Premium Payments

Any existing payment arrangement will end and the new owner will receive premium billing statements (if applicable) unless one of the options is checked below:

☐ Use existing automatic bank draft information. (Current Owner initial required.)

I/We, the Person(s) with right to transfer ownership understand that the premium payments will continue to be paid with this automatic bank draft arrangement. **Current Owner(s) initial here:**

☐ Use new draft information (New My Payment Preferences Form 8069 must be completed).

Scheduled Options

If no selection is made, the current agreement will be discontinued.

- Please check all boxes below to continue any previously established options.
- Any existing Dollar Cost Averaging Advantage (DCAA) arrangement will continue until the DCAA account is depleted unless you request a fund transfer.
- For more information regarding these options, such as the forms to set up or modify, please contact your Agent or Registered Representative.

For Variable Products only.

☐ Automatic Asset Rebalancing ☐ Interest Sweep ☐ Dollar Cost Averaging

For Fixed Deferred Annuity, Variable Annuity, and Variable Life Products only.

☐ Periodic Partial Withdrawal

Beneficiary(s) Designation

The existing designation on the Company's record will continue as is unless the New Owner changes the beneficiary by doing one of the options below:

- Enrolling in MyNYL once the transfer of ownership has been completed (available for most designations).
- Checking the box below to change the beneficiary designation to the New Owner.
☐ Change the beneficiary designation to the New Owner.
- Life insurance policies only: If the owner lives in Massachusetts, a signature is required from a witness over the age of 18 who is not the insured, policy owner, or a designated beneficiary.
- Submitting a completed My Beneficiary Changes form 21131.
- Contacting us at 1-800-CALL-NYL for assistance from a Customer Service Professional.



Transfer of Ownership

STEP 4A INVESTOR PROFILE INFORMATION. *This section to be completed by the NEW OWNER.*

Please Note: The accuracy of this information is vital, please try your best to capture your current financial state. If more than one policy is transferring to you, please complete separate Investor Profile information for each policy number. For grantor trusts, all information on the Investor Profile must be completed using the information for the grantor. For non-grantor trusts and corporations, only the questions pertaining to Time Horizon, Risk Tolerance, and Investment Objective (Step 4B) need to be completed. Otherwise, the Investor Profile below will be applicable to all policies, with product exceptions noted in bold. Effective February 1, 2020, Investor Profile information is also required for fixed life products in New York.

Policy number(s)																			
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Occupation

Associated with FINRA member? ☐ Yes ☐ No
Not required for fixed life products.

If you checked "yes" to FINRA association above, please list name and address of firm below.

Name of Firm

Address

Marital Status ☐ Married ☐ Domestic Partner ☐ Single ☐ Widowed

Net Worth (Include spouse/domestic partner) Net worth is the value of assets minus liabilities. Do not include your primary residence, or mortgages on your primary residence, as a liability.

\$

Liquid Net Worth (Include spouse/domestic partner) Liquid net worth is your net worth minus assets that may not be easily converted to cash, such as the value of real estate, personal property, automobiles, or business interests. Include only cash assets or those easily convertible to cash, this may include retirement assets. You should consider any tax penalties, fees, charges, before including these assets in your total.

\$

Annual Income/Current Before Tax Annual Household Income (Include spouse/domestic partner) Include income from all sources, before taxes.

\$

Current Tax Bracket (Not required for fixed life products) ☐ 0-10% ☐ 11-20% ☐ 21-30% ☐ Over 30%

Time Horizon (minimum number of years you expect to hold this product) **Not required for income annuities or for fixed life products.** This should be at least as long as the surrender charge period or elected rider benefit period (if applicable) _____ years

Risk Tolerance: This does not apply to fixed life products. The risk tolerances below indicate how willing you are to risk a potential decline in value for the potential of a higher return. Please select **only one** in the appropriate product column.

Registered Life and Annuity Products

- ☐ **Conservative** Associated with Investment Objective A only
- ☐ **Moderately Conservative** Associated with Investment Objective A or B only
- ☐ **Moderate** Associated with Investment Objective A, B, or C only
- ☐ **Moderately Aggressive** Associated with Investment Objective A, B, C or D only
- ☐ **Aggressive** Associated with Investment Objective A, B, C, D, E

Fixed Annuity Products

- ☐ **Conservative**
- ☐ **Moderate**
- ☐ **Aggressive**

STEP 4B INVESTOR PROFILE INFORMATION. (Registered Products only)

Investment Objective (please select one).

- ☐ **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, other than Conservative. 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 investments 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.



Transfer of Ownership

STEP 5 TRUSTED CONTACT PERSON. *This section to be completed by the NEW OWNER(S).*

Designating a trusted contact is not required and does not authorize the named individual to transact on or make changes to the owner's account, but it does authorize New York Life to contact the person you identify and communicate with them regarding the account.

By providing the information in this section, I/We authorize NYLIFE Securities and its affiliates (collectively "New York Life") to contact the person listed below and to disclose information about me in the following circumstances: to address possible financial exploitation, to confirm the specifics of my current contact information, health status, and the identity of any legal guardian, executor, trustee or holder of a power of attorney as otherwise permitted by federal or state law. This authorization may become null and void if New York Life receives legal documents appointing an alternative third party (e.g. guardian/conservator) to manage my/our financial affairs. 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.


Name of Trusted Contact Person (must be an individual)		Relationship to Owner(s)
Daytime phone number	Evening phone number	Email
Street Address (City, State, Zip)		


STEP 6 READ AND SIGN.

CURRENT OWNER OR PERSON WITH RIGHT TO TRANSFER OWNERSHIP:

I, the Person(s) With Right to Transfer Ownership, understand and agree that:

- All rights of ownership in the above numbered contract(s) are to be transferred to the New Owner(s) indicated above.
- When acknowledgement is sent by New York Life (NYL), this Transfer of Ownership will take effect as of the date stated in the policy being transferred, subject to any payment made or other action taken by NYL before recording the change or, if endorsement of a contract is required by NYL, before that endorsement has been made by NYL.
- The Contract(s) will be held as separate property by the New Owner(s).
- Where the Current Owner is a corporation, the form must be signed on behalf of the corporation by two disinterested Corporate Officers (President, Secretary, Treasurer), other than the Insured/Annuitant with their titles. New York Life may require a copy of the corporate board minutes which authorize the transfer of ownership.
- For corporations, if signing as sole proprietor, designation must follow signature.
- Where the Current Owner is a partnership, the form must be signed by two partners, with their titles as partners, other than the Insured/ Annuitant. In the case of a limited partnership, only the signature of a general partner, with the title of general partner, is required. A copy of the partnership agreement must be attached.
- Where the Current Owner is a trust, provide the signatures of all required trustees.
- When a Transfer of Ownership is being signed by a person acting as a trustee, guardian or in similar capacity, their designation must follow their signature. For example: The designation trustee must follow the trustee's signature.

		Name (print)	
Signature of Person/ Officer/ Trustee with Right to Transfer Ownership			
Title of Officer (if applicable)	Preferred phone no.	Cell phone? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date

		Name (print)	
Signature of Additional Person/ Officer/ Trustee with Right to Transfer Ownership			
Title of Officer (if applicable)	Preferred phone no.	Cell phone? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date

ADDITIONAL SIGNATURE REQUIREMENTS:

Power of Attorney: Request must be signed by the attorney-in-fact. A copy of the Power of Attorney Agreement is required. Specific verbiage may be required within the Power of Attorney Agreement. For additional information, please contact your Agent or one of our Customer Service Professionals.

Guardianship/ Conservatorship: Signature of the current guardian is required. Evidence of that person's authority to change ownership must accompany the request in forms of Guardianship Papers or Letter of Conservatorship and/or court order allowing transfer.



Your signature is required on the next page ►

Transfer of Ownership

STEP 6 READ AND SIGN (continued from previous page).

NEW OWNER'S SIGNATURE(S):

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

- The provisions relating to Ownership and Transfer of Ownership of this form are made a part of the ownership designation and part of the above numbered policy(s).
- All policy terms and conditions apply to the New Owner(s).
- I/We acknowledge receiving a copy of all agreements related to the variable policy/life insurance.
- I/We received a copy of NYL's privacy policy.
- I/We also understand and agree with the selection made to the Elective Options of Prior Owner section.
- The Beneficiary Designation will continue as is on all policies transferred unless the beneficiary has been updated in one of the methods as outlined in Step 3 of this form.
- Where the New Owner is a corporation, the form must be signed on behalf of the corporation by two disinterested Corporate Officers (President, Secretary, Treasurer), other than the Insured/Annuitant with their titles. New York Life may require a copy of the corporate board minutes which authorize the transfer of ownership.
- For corporations, if signing as sole proprietor, designation must follow signature.
- Where the New Owner is a partnership, the form must be signed by two partners, with their titles as partners, other than the Insured/Annuitant. In the case of a limited partnership, only the signature of a general partner, with the title of general partner, is required. A copy of the partnership agreement must be attached.
- Where the New Owner is a trust, provide the signatures of all required trustees.
- When a Transfer of Ownership is being signed by a person acting as a trustee, guardian or in similar capacity, their designation must follow their signature. For example: The designation trustee must follow the trustee's signature.

Taxpayer Backup Withholding Certifications:

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

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

- (1) My Social Security Number or Tax ID 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) 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. citizen, U.S. resident alien or other U.S. person, you must submit the applicable Form W-8 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.

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

New Policyowner ① Signature	Name (print)	
X	Title of Officer (if applicable)	Date
New Policyowner ② Signature	Name (print)	
X	Title of Officer (if applicable)	Date
X Grantor Signature	Name of Grantor (print)	Date
X Witness/Additional Signature	Name of Witness (print)	Date

FOR TRUSTS OR CORPORATE OWNED: Agent Certification (if Agent assists with completion of form)

By signing below I attest that I have reviewed the identifying trust/business document(s) and that the document(s) appeared to be as described.

Agent/Registered Representative Signature	Name (print)	Date
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STEP 7 DONE! Send us your completed form.

Mail: **New York Life, PO Box 130539, Dallas, TX 75313-0539**

Questions? Call us at 1-800-CALL-NYL

ONLINE: Save time and postage by uploading this form at newyorklife.com/register. Log in or register to upload in minutes.

