



New York Life Insurance Company
New York Life Insurance and Annuity
Corporation (A Delaware Corporation)
51 Madison Avenue, New York, NY 10010

My Dividend Withdrawal Requests

STEP 1 Tell us your policy information.

Policy number

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Policy owner name

FIRST	M.I.	LAST
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Trust/Corporate name (if applicable)

Preferred phone no.

Is this a cell phone?

☐ Yes ☐ No

Email

Address ☐ Check this box to update our records with this information.

STREET APT. CITY STATE ZIP

Insured/Annuitant name

FIRST	M.I.	LAST
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STEP 2 Dividend Withdrawal Request.

Please note that taking a withdrawal of your dividend could significantly impact your death benefit. Please contact us with any questions.

I wish to withdraw: \$ _____

Apply the amount indicated above as follows:

- ☐ Pay in cash ☐ Reduce the loan on this policy or on policy number: _____
- ☐ To a new (or conversion) policy application date ____/____/____ on the life of _____
- ☐ To a premium due ____/____/____ for policy number: _____

Please use the space below to provide any further instructions regarding your policy(ies):

STEP 3 Tell us how you would like to receive your withdrawal (select one).

A Receive your proceeds faster. Send proceeds via Electronic Funds Transfer (EFT). *Please check one.*

- ☐ Directly to the bank account already on file. ☐ Directly to my bank account listed below.

Routing number		Bank name
Account number	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	Name of account holder

If we receive your request for withdrawal on any day which is not a business day (e.g. weekend or holiday), your payment shall be made on the following business day. The unit value for each payment will be equal to the unit value for the respective Allocation Alternative on the business day the payment is made. If we are unable to send your payment(s) via EFT to the bank account provided, we will send a check to the address of record.

Note: Your Financial Institution must be a member of the Automated Clearing House (ACH). Please check with your Financial Institution.

B Receive check and send to (please check one):

- ☐ Address on record. ☐ My new permanent address provided in Step 1 and update your records. ☐ Temporary address below.

Address
STREET APT. CITY STATE ZIP



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STEP 4 Select your Tax Withholding Election – check one box only.

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? ☐ Yes ☐ No

Please select the withholding options that apply to this payment.

Federal withholding election:

☐ **NO** withholding ☐ **YES** withhold at default 10% rate ☐ **YES** withhold at a different rate (IRS Form W-4R required)

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 5, (2) you do not make a withholding election, or (3) the payment is delivered outside of the United States or its possessions.

STEP 5 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.
- Where the owner is a partnership, the form must be signed by two partners other than the annuitant. In the case of a limited partnership, only the signature of general partner is required.
- Where the policy is assigned, the assignee's signature is required in addition to the policy owner's signature. If the assignee is a bank or corporation, two officers must sign. If policy is jointly owned and has another designee(s) who is authorized to request transactions on the policy, the signatures of all joint owners and designees are required. All signatories must provide their Tax Identification Number.
- Where the policy owner is a person acting as a guardian, conservator or in a similar capacity, evidence of appointment must accompany the form.
- For annuities, 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 distributions that are taxable will be reported to the IRS on Form 1099R.
- It is the participant's responsibility to meet the IRS requirements that qualify for this distribution.

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. citizen, 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.

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

 Policy owner/Officer/Trustee signature	Title of Officer (if applicable)	Name (Print)	Date
 Policy owner (required if joint owner) Officer/Trustee signature	Title of Officer (if applicable)	Name (Print)	Date

STEP 6 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.



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You should consider very carefully which box you check in Step 4. You should consult with your personal tax advisor, plan administrator, State income tax authority or your local IRS office if you have any questions about income tax withholding. IRS Publication 505 (Tax Withholding and Estimated Tax) and IRS forms W-9 and W-4P.

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 withholding 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.

Federal Income Tax Withholding Information

A dividend withdrawal from your policy may result in a taxable gain reportable to the IRS on Form 1099. Federal income taxes must be withheld at a flat 10% rate from the taxable portion of your payment (as determined from our records), unless you elect not to have withholding apply by checking the appropriate box in the Income Tax Withholding Election section on this form. U.S. citizens living outside the United States cannot elect out of withholding. (Your election as to whether taxes are or are not to be withheld will apply to any other payments from the same policy. You may change your withholding election at any time.) In addition, a 10% IRS penalty may be imposed if you receive the payment prior to age 59½, unless you are disabled or some other exception applies.

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 either 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.

