

Name change request form

Insured/ Annuitant Information

Policy Number (s)

| | |
|------|---------------|
| Name | Date of Birth |
|------|---------------|

Policy Owner Information

| | |
|---------------------------------|--------------------------------------|
| Name (if different than above) | Social Security #/ TAX ID (Required) |
| Preferred Day Time Phone Number | Email |

Important Information

- A copy of the marriage certificate, divorce decree, or court document is required to change a name.
- This form can only be used to change the name of a person who is already the OWNER, BENEFICIARY, SUCCESSOR OWNER, OWNER'S DESIGNEE, or ASSIGNEE. If a different person is to be named for one of the above, use form(s) 21131 and/or 21132.
- If the name change is for the Insured who is also the Owner, both the Insured and the Owner's boxes must be checked and the Date of Birth and SS#/ Tax ID must be completed above.
- If the name change is for the Owner, the owner must sign with their new name below AND provide their SS# or Tax ID above.
- If name change is for the OWNER or INSURED/ ANNUITANT, we will update the name on our records for all policies under that OWNER or INSURED/ ANNUITANT 's name.
- If a corporation changes its name, it is necessary to submit evidence of the change, usually a certificate from the Secretary of State in the state where corporation was founded or incorporated.
- Where the Policy Owner is a person acting as guardian conservator, or in a similar capacity, evidence of that appointment must accompany this form.
- If the indicated policy is corporate owned, then two Officer's signatures with their respective titles must be provided.

Change is for (check applicable box)

- | | | |
|---|--|---|
| <input type="checkbox"/> Insured or Annuitant | <input type="checkbox"/> Owner (SSN/ TIN required) | <input type="checkbox"/> Individual covered under a Rider |
| <input type="checkbox"/> Beneficiary | <input type="checkbox"/> Assignee | <input type="checkbox"/> Successor Owner (Owner's Designee) |

| | |
|--------------------------------|-------------------------------|
| Old name (First, Middle, Last) | New Name(First, Middle, Last) |
|--------------------------------|-------------------------------|

Reason (check applicable box):
 Marriage Court Decree Wishes to be known by this name Other:

If name change is for a 3rd party (e.g. power of attorney, trustee, guardian/ conservator), indicate any other policies that this name change applies to:

Policy Owner Signature (REQUIRED)

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) 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 IRS 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 provision 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.

| | | |
|------------------------|----------------|------|
| Policy Owner Signature | Name (Printed) | Date |
|------------------------|----------------|------|

| | | |
|------------------------|----------------|------|
| Policy Owner Signature | Name (Printed) | Date |
|------------------------|----------------|------|

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(NYLIAC) (A Delaware Corporation)

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