

Transfer of Ownership/ Designation of Successor Owner Kit

This kit contains the following forms:

21132 Transfer of Ownership /Designation of Successor Owner

21131 Change of Beneficiary Form

8069 My Payment Preferences

The Current Owner and New Owner must sign in Step 6 of Form 21132.

WITHOUT THE PROPER SIGNATURES AND INFORMATION,
THIS TRANSFER OF OWNERSHIP CANNOT BE PROCESSED.





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



21132 1223 01

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

			-			-					
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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



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Transfer of Ownership

STEP 2 NEW OWNER INFORMATION (continued from previous page)

C ☐

TO NAME A BUSINESS/ ORGANIZATION

- 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.

Funeral Homes

- 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 ☐ Corporation ☐ Partnership ☐ Sole Proprietorship ☐ Limited Liability Company ☐ Other

Name of business/organization

Name of sole proprietor (if applicable)

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

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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



Continued on the next page ►

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.



21132 1223 04

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
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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.

X Signature of Person/ Officer/ Trustee with Right to Transfer Ownership		Name (print)	
Title of Officer (if applicable)	Preferred phone no.	Cell phone? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date
X Signature of Additional Person/ Officer/ Trustee with Right to Transfer Ownership		Name (print)	
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 X	Name (print)	
	Title of Officer (if applicable)	Date
New Policyowner ② Signature X	Name (print)	
	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.



My beneficiary changes

Did you know you may be able to update your beneficiary designation online? Visit newyorklife.com and click on "My Account" for more information.

If you need assistance completing this form, please contact us at **(800) CALL-NYL** or contact your Agent/Financial Professional.

STEP 1 Tell us your policy information. Please print the required information.

Policy number(s)									
Policy owner name									
FIRST			M.I.		LAST				
Trust/Corporate name (if applicable)									
Address									
STREET			APT.		CITY		STATE		ZIP
Preferred phone no.				Is this a cell phone? <input type="checkbox"/> Yes <input type="checkbox"/> No		Email			
Insured/Annuitant's name (If different than owner)					Other insured's name (for Survivorship plans)				
FIRST			M.I.		LAST		FIRST		

For Traditional, Roth and SEP IRA Plan types: Please note that available death benefit payout options differ depending on whether your designated Beneficiary is eligible or non-eligible (determined as of the date of your death) under the Internal Revenue Code ("IRC"). Eligible designated Beneficiaries are spouses, children under the age of majority, disabled or chronically ill individuals, as determined by the IRC, (including certain trusts for the disabled or chronically ill), or individuals who are not more than 10 years younger than you. All other individual Beneficiaries are non-eligible, and all proceeds must be distributed to them by the end of the 10th year following the year of your death (or the death of both you and the joint annuitant, if applicable).

For Inherited IRA and Inherited Roth IRA Plan types: After your death, your Beneficiaries may be limited to a distribution period that does not exceed 10 years from the end of the year following the year of death of the original IRA owner or retirement plan participant.

STEP 2 Tell us who you'd like to name as a beneficiary.

If you would like to name a beneficiary for other covered insureds, proceed to Steps 5 and 6.

- Provide each beneficiary's social security number, date of birth, address, phone number, and email. This helps us locate beneficiaries and promptly pay claims.
- Additional beneficiary information can be provided on the Additional Information Section of this form.
- We recommend that you also name a secondary beneficiary or indicate how proceeds should be distributed in the event that the primary beneficiary dies before the insured/annuitant or annuity policy owner.
- The shared percentages for each class of beneficiary (primary, secondary, and tertiary) must add up to 100%.
- **For Deferred Annuities only:** Surviving Spouse should be designated as the sole Primary Beneficiary of the Policy if you want the Surviving Owner/Spouse to continue the Policy at the death of either Owner before the Annuity Commencement Date. If you name someone other than your spouse, the spouse will not be able to exercise any spousal continuance and at death funds will go to the beneficiary listed. If your spouse is not a joint owner or annuitant under the policy, add their information below. Please see FAQ page 7 for more information.

Class: Check one	Name(s) & SSN or TIN (If naming a minor, please also complete Step 4)	Share (% or Fraction)	Date of birth or Date of trust	Relationship to insured (if Life plan) or to policy owner (if Annuity plan)	<input type="checkbox"/> Address (Check if address is same as policyowner) <input type="checkbox"/> Phone <input type="checkbox"/> Email
<input type="checkbox"/> P Primary <input type="checkbox"/> S Secondary <input type="checkbox"/> T Tertiary	Name SSN or TIN <input type="checkbox"/> Per Capita <input type="checkbox"/> Per Sirpes				<input type="checkbox"/> Address Phone number Email
<input type="checkbox"/> P Primary <input type="checkbox"/> S Secondary <input type="checkbox"/> T Tertiary	Name SSN or TIN <input type="checkbox"/> Per Capita <input type="checkbox"/> Per Sirpes				<input type="checkbox"/> Address Phone number Email

Step 2 continues on the next page.



Save time and paper – visit newyorklife.com and process this transaction securely online

STEP 2					
Class: Check one	Name(s) & SSN or TIN (If naming a minor, please also complete Step 4)	Share (% or Fraction)	Date of birth or Date of trust	Relationship to insured (if Life plan) or to policy owner (if Annuity plan)	<input type="checkbox"/> Address (Check if address is same as policyowner) <input type="checkbox"/> Phone <input type="checkbox"/> Email
<input type="checkbox"/> P Primary	Name				<input type="checkbox"/> Address
<input type="checkbox"/> S Secondary	SSN or TIN				Phone number
<input type="checkbox"/> T Tertiary	<input type="checkbox"/> Per Capita <input type="checkbox"/> Per Sirpes				Email
For additional beneficiaries, use the Additional Information Section in Step 7 of this form.					
STEP 3 If any of your named beneficiaries are a trust, please complete this section. <i>Step 2 must also be completed.</i>					
<ul style="list-style-type: none"> Section not required for a Testamentary Trust (a trust created within a will). The only required information we need is the name of the individual whose will is being placed as a beneficiary, for example "Testamentary Trust under the Last Will and Testament of John Doe" in the Name of trust section below. A copy of the Title, Signature, and Notary pages of the trust agreement, including the pages showing the trustee and successor trustee information should be provided. New York Life or its subsidiaries reserves the right to request the entire trust document. 					
Name of trust			Date of trust	State where trust established	
<input type="checkbox"/> Click here if this trust information is to cover for all trusts that are named as beneficiaries.					
Beneficiary(s) of trust			Relationship of trust beneficiary(s) to insured/annuitant		
Trustee name		Address			
Phone		Email		Relationship of Trustee to insured/annuitant	
Trustee name		Address			
Phone		Email		Relationship of Trustee to insured/annuitant	
If Trustee is also Insured, name of Trustee upon death					
Additional trustee information can be provided on the Additional Information Section in Step 7 of this form.					



STEP 4 If any of your named beneficiaries are minors, please complete this section.

- A custodian is the person named to manage a minor's property under the Uniform Transfers/Gifts to Minors Act (UTMA/UGMA). Remember, each minor needs a custodian—the custodian can be the same person for each minor.
- UTMA/UGMA state will be the minor's state of residence listed in Step 2, unless a different state is listed below.
- To designate a custodian for additional minor beneficiaries or to designate a successor custodian, provide this information on the "Additional Information Section" with all details, including the policy number(s) affected as well as your signature and date.

Name of custodian		This custodian is the same for each minor listed.	
FIRST	M.I.	LAST	<input type="checkbox"/> Yes <input type="checkbox"/> No
Address			
STREET		APT.	CITY STATE ZIP
Custodian daytime phone number		Custodian email	
Name of minor		UTMA/UGMA state if different than minor's state of residence	
FIRST	M.I.	LAST	
Name of minor		UTMA/UGMA state if different than minor's state of residence	
FIRST	M.I.	LAST	
Name of minor		UTMA/UGMA state if different than minor's state of residence	
FIRST	M.I.	LAST	

STEP 5A Only complete this step if your policy is a "Family" life insurance plan.

Complete this step to assign a beneficiary to receive proceeds because of the death of the:

- Second insured covered under a New York Life Family Protection policy OR
 - Spouse covered under the Second Covered Insured (SCI) rider of Family Life Insurance Policy
- Provide each beneficiary's social security number, date of birth, address, phone number, and email. This helps us locate beneficiaries and promptly pay claims.
 - Additional beneficiary information, such as per stirpes, can be provided on the Additional Information Section of this form.
 - We recommend that you also name a secondary beneficiary or indicate how proceeds should be distributed in the event that the primary beneficiary dies before the insured/annuitant or annuity policy owner.
 - The shared percentages for each class of beneficiary (primary, secondary, and tertiary) must add up to 100%.

Class: Check one	Name(s) & SSN or TIN (If naming a minor, please also complete Step 6B)	Share (% or Fraction)	Date of birth or Date of trust	Relationship to insured (if Life plan) or to policy owner (if Annuity plan)	<input type="checkbox"/> Address (Check if address is same as policyowner) <input type="checkbox"/> Phone <input type="checkbox"/> Email
<input type="checkbox"/> P Primary <input type="checkbox"/> S Secondary <input type="checkbox"/> T Tertiary	Name				<input type="checkbox"/> Address
					Phone number
	SSN or TIN				Email
<input type="checkbox"/> P Primary <input type="checkbox"/> S Secondary <input type="checkbox"/> T Tertiary	Name				<input type="checkbox"/> Address
					Phone number
	SSN or TIN				Email
<input type="checkbox"/> P Primary <input type="checkbox"/> S Secondary <input type="checkbox"/> T Tertiary	Name				<input type="checkbox"/> Address
					Phone number
	SSN or TIN				Email

For additional beneficiaries, use the Additional Information Section in Step 7 of this form.



STEP 5B If any of your named beneficiaries from Step 5A are minors, please complete this section.

- A custodian is the person named to manage a minor's property under the Uniform Transfers/Gifts to Minors Act (UTMA/UGMA). Remember, each minor needs a custodian—the custodian can be the same person for each minor.
- UTMA/UGMA state will be the minor's state of residence listed in Step 5A, unless a different state is listed below.
- To designate a custodian for additional minor beneficiaries or to designate a successor custodian, provide this information on the "Additional Information Section" with all details, including the policy number(s) affected as well as your signature and date.

Name of custodian			This custodian is the same for each minor listed. <input type="checkbox"/> Yes <input type="checkbox"/> No
FIRST	M.I.	LAST	
Address			
STREET		APT.	CITY STATE ZIP
Custodian daytime phone number		Custodian email	
Name of minor			UTMA/UGMA state if different than minor's state of residence
FIRST	M.I.	LAST	
Name of minor			UTMA/UGMA state if different than minor's state of residence
FIRST	M.I.	LAST	
Name of minor			UTMA/UGMA state if different than minor's state of residence
FIRST	M.I.	LAST	

STEP 6A Only complete this step if your policy is a "Family" life insurance plan AND if your policy has a separate rider covering an insured.

Complete this step below to assign a beneficiary to receive proceeds payable under life insurance because of the death of:

- A** ☐ Child covered under a Spouse and Children's Insurance Rider (SCI) or Children's Insurance (CI) Rider, Family Insurance policy, or a New York Life Family Protection policy **OR**
- B** ☐ Name (First, Middle, Last) _____
Covered under the: ☐ Other Covered Insured Rider (O.C.I) ☐ 5 Yr. Term Rider ☐ 7 Yr. term Rider **OR**
- C** ☐ For the primary insured covered under a First-to Die Rider under the:
☐ Increasing Term Rider (ITR) on a Survivorship Whole Life (SWL) policy ☐ Level Term First-To-Die Rider (LFD) on a Survivorship Whole Life (SWL) policy ☐ Level Term First-To-Die Rider (LFD) on a Survivorship Variable Universal Life (SVUL) policy

- Provide each beneficiary's social security number, date of birth, address, phone number, and email. This helps us locate beneficiaries and promptly pay claims.
- Additional beneficiary information, such as per stirpes, can be provided on the Additional Information Section of this form.
- We recommend that you also name a secondary beneficiary or indicate how proceeds should be distributed in the event that the primary beneficiary dies before the insured/annuitant or annuity policy owner.
- The shared percentages for each class of beneficiary (primary, secondary, and tertiary) must add up to 100%.

Class: Check one	Name(s) & SSN or TIN (If naming a minor, please also complete Step 5B)	Share (% or Fraction)	Date of birth or Date of trust	Relationship to insured (if Life plan) or to policy owner (if Annuity plan)	<input type="checkbox"/> Address (Check if address is same as policyowner) <input type="checkbox"/> Phone <input type="checkbox"/> Email
<input type="checkbox"/> P Primary	Name				<input type="checkbox"/> Address
<input type="checkbox"/> S Secondary	SSN or TIN				Phone number
<input type="checkbox"/> T Tertiary	<input type="checkbox"/> Per Capita <input type="checkbox"/> Per Stirpes				Email
<input type="checkbox"/> P Primary	Name				<input type="checkbox"/> Address
<input type="checkbox"/> S Secondary	SSN or TIN				Phone number
<input type="checkbox"/> T Tertiary	<input type="checkbox"/> Per Capita <input type="checkbox"/> Per Stirpes				Email
<input type="checkbox"/> P Primary	Name				<input type="checkbox"/> Address
<input type="checkbox"/> S Secondary	SSN or TIN				Phone number
<input type="checkbox"/> T Tertiary	<input type="checkbox"/> Per Capita <input type="checkbox"/> Per Stirpes				Email



My beneficiary changes

Continued from previous page

STEP 6B If any of your named beneficiaries are minors from Step 6A, please complete this section.

- A custodian is the person named to manage a minor's property under the Uniform Transfers/Gifts to Minors Act (UTMA/UGMA). Remember, each minor needs a custodian—the custodian can be the same person for each minor.
- UTMA/UGMA state will be the minor's state of residence listed in Step 6A, unless a different state is listed below.
- To designate a custodian for additional minor beneficiaries or to designate a successor custodian, provide this information on the "Additional Information Section" with all details, including the policy number(s) affected as well as your signature and date.

Name of custodian			This custodian is the same for each minor listed. <input type="checkbox"/> Yes <input type="checkbox"/> No
FIRST	M.I.	LAST	
Address			
STREET APT. CITY STATE ZIP			
Custodian daytime phone number		Custodian email	
Name of minor			UTMA/UGMA state if different than minor's state of residence
FIRST	M.I.	LAST	
Name of minor			UTMA/UGMA state if different than minor's state of residence
FIRST	M.I.	LAST	

STEP 7 Additional Information Section

Use this section to provide additional beneficiary information if needed. Be sure to include all details, including policy number(s). Then proceed to Step 8.

STEP 8 Read and sign.

Your signature(s) confirm(s) that you have read all the information on this form and that the information you have provided is correct. If the owner is a corporation or trust, please provide signatures of two corporate officers or required trustees. Titles are required.

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.

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

STEP 9 Done! Send us your completed form.

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

or

Fax: **1-800-278-4117**

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



Frequently asked questions & things to remember

What information is needed about my beneficiary?

- Full name
- Relationship to the insured/policy owner
- Date of birth*
- Social security number*
- Address*
- Phone number*
- Email*
- How proceeds should be divided
- Name of UTMA/UGMA custodian if beneficiary is a minor

*Please provide each beneficiary's social security number, date of birth, address, phone number, and email. This helps us locate beneficiaries and promptly pay claims.

What are the different types of beneficiaries?

Remember, you can name more than one class of beneficiaries (such as primary, secondary, or tertiary), and more than one beneficiary within a class.

BENEFICIARY CLASSES:

- **Primary or first beneficiary:** individual(s) or entity(ies) (such as a trust) who will receive a death benefit after the insured or annuitant passes away (NOTE - see section below entitled: *"What Special Provisions Apply to Deferred Annuities?"*). If there are no living beneficiaries in any beneficiary class, funds will be distributed according to the terms of the contract. If a primary beneficiary does not survive the insured or annuitant, that portion of contract proceeds will be paid to any remaining primary beneficiaries in equal shares.
- **Secondary or second beneficiary:** if all primary beneficiaries are deceased, the class of individual(s) or entity(ies) (such as a trust) who will receive a death benefit after the insured or annuitant passes away. If there are no living beneficiaries in any beneficiary class, funds will be distributed according to the terms of the contract. It's important to consider naming a secondary beneficiary because if the primary beneficiary passes away before the insured or annuitant and a secondary beneficiary is not named, the assets usually will pass to the estate of the policy owner. This may require that the estate be probated.
- **Tertiary or third beneficiary:** if all primary and secondary beneficiaries are deceased, the individual(s) or entity(ies) (such as a trust) who will receive a death benefit after the insured or annuitant passes away. If there are no living beneficiaries in any beneficiary class, funds will be distributed according to the terms of the contract.

PER CAPITA:

- Per Capita describes an arrangement in which if one of the beneficiaries were to pass away or disclaim, the shares would be distributed evenly amongst the surviving beneficiaries.

PER STIRPES DESIGNATION:

- If a beneficiary is designated "per stirpes," any interest to which the deceased beneficiary would be entitled, if living, passes equally to any living children of that beneficiary.

REVOCABLE VS. IRREVOCABLE BENEFICIARIES:

- **Revocable beneficiary:** a revocable beneficiary can be changed by the owner at any time.
- **Irrevocable beneficiary:** an irrevocable beneficiary has a vested interest in the death benefit which can't be cancelled without the beneficiary's written consent.
- **Testamentary Trust:** A trust created by an individual's last will and testament, which takes effect only upon the death of the individual who created the will. A will may contain more than one testamentary trust, and may address all or any portion of the estate. If the policy's beneficiary is a testamentary trust, policy proceeds cannot be paid to the trust until the estate is probated, or if the state allows a small estate affidavit to be filed.
- **Beneficiary for Value:** This designation can be used when the beneficiary has a specific financial interest in the policy proceeds. A beneficiary for value designation typical contains the phrase, "as its interests may appear." A beneficiary for value can't be changed without the beneficiary's written consent.
- **Funeral home as Beneficiary:** Before designating a funeral home as beneficiary, we recommend you consult a legal professional. Other alternatives may better serve your intention, such as a collateral assignment in favor of a funeral home. In order to designate a funeral home as a beneficiary, a copy of a Pre-need Arrangement (form provided by funeral home) is required in certain jurisdictions. If you need assistance, please contact us at the number listed on the top of this form, visit newyorklife.com, or contact your Agent/ Financial Professional.

What if my beneficiary is a minor?

Minors can't directly receive payments. Unless you specify a trust or name a custodian for the minor beneficiary under the Uniform Transfers to Minors Act (UTMA) or Uniform Gifts to Minors Act (UGMA), we will require a court appointed custodian/guardian for the estate of the minor to present a claim on behalf of the minor beneficiary.

In an effort to avoid the complications and legal fees associated with obtaining a court appointed custodian/guardian for the minor child, you may want to consider designating a custodian under an applicable state's UTMA/UGMA.

For a trust beneficiary, what information is needed?

- Name of trust
- Date of the trust agreement
- Name of trustee(s) and contact information
- Tax ID number

How do I specify the amount of proceeds to leave to each beneficiary?

You can specify the amount you want to leave to each beneficiary in percentages, or fractions. If beneficiaries in any one beneficiary class are to receive unequal amounts, the

Continued next page



percentage (%) of proceeds to be payable to each must be shown and must equal 100% within each beneficiary class. Specific dollar amounts will not be accepted.

If more than one beneficiary is named, and a percentage or fraction isn't specified, the proceeds will be split equally among the living beneficiaries of the applicable beneficiary class. If there are no living primary beneficiaries, the proceeds will be paid to the named beneficiaries in the next beneficiary class, and so forth. The contract provisions will control the payment of the proceeds if all named beneficiaries predecease the insured or annuitant.

What if I get a divorce or annulment?

In most states, if your intent is for your ex-spouse to remain as beneficiary of your policy, you must update the beneficiary designation after your divorce is finalized designating the relationship as ex-spouse. We recommend you speak with a legal advisor to see how your final order of divorce and/or state laws may affect your beneficiary designation. For example, your divorce decree may require you to maintain your child or former spouse as primary beneficiary.

What if my contract has multiple owners?

Each owner's signature is required to name beneficiaries.

What special provisions apply to Deferred Annuities?

If a deferred annuity has not begun paying income payments, the death of any owner triggers the death benefit. An exception to this is "Spousal Continuance" described below. If any Owner is not a natural person, the death benefit will be triggered upon the death of the Annuitant.

Spousal Continuance: If the annuity owner's spouse is named the sole primary beneficiary and the owner dies, the annuity may be continued with the surviving spouse as the new owner, if so provided in the contract. If the deceased annuity owner was also the sole annuitant, the surviving spouse will also become the new annuitant. If the surviving spouse chooses to continue the annuity, no death benefit will be paid as a consequence of the death of the first spouse. For annuities with joint spousal ownership, while both owners are living, if the sole primary beneficiary designation is not "Surviving Spouse," the right of the surviving spouse to continue the contract will not be in effect.

What if I have an irrevocable beneficiary?

For annuity contracts: Irrevocable beneficiary designations can only be changed with the written consent of the irrevocable beneficiary. Unless otherwise specifically provided in the contract, or as required by law, the policy owner's rights are not otherwise restricted.

For life contracts: Owner's rights are restricted. The irrevocable beneficiary's signature authorization must be received before processing any contractual changes. These include beneficiary changes, loans and withdrawals, the right to exercise the Non-Forfeiture Option, and the right to assign or surrender the contract.

Did you get the signatures you need?

- Policy owner
- Joint owner (if any)
- Irrevocable beneficiary (if any)
- Witness (Massachusetts residents life insurance policies only)

Power of Attorney

If a Power of Attorney (POA) is signing the form, the POA document should be current and in certain states the right to update a beneficiary must be a specific right given in the POA.



My payment preferences

Save time and paper.

Manage your account online at newyorklife.com.

STEP 1 Tell us your contact information.

Policy owner name - Individual/Trust/Corporation

FIRST

M.I.

LAST

Trust/Corporate name (if applicable)

Mobile phone

Email

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

STREET

APT.

CITY

STATE

ZIP

STEP 2A One-Time Payment Authorization

Complete all steps below except Section 2B. If you are setting up an Autopay arrangement, complete Step 2B and the following steps.

☐ I authorize a one-time electronic funds transfer (EFT) for initial payment, catch up premiums or a renewal payment amount for one time draft for policy(s) listed below:

Policy numbers	Premium amount	OPP Amount
<input type="text"/>	\$	\$
<input type="text"/>	\$	\$
<input type="text"/>	\$	\$
<input type="text"/>	\$	\$

STEP 2B Autopay Set-up or Change Authorization (automatic bank drafts)

Choose from the options listed below and complete additional steps.

1. Individual Autopay Arrangement* (Individual drafts for each policy)

☐ I authorize automatic Individual Autopay payments on policy(s) listed below:

Policy Numbers	Premium Amount	Draft Frequency* Annual, Semi-Annual, Quarterly, Monthly	Draft Day* 1st to 28th only
<input type="text"/>	\$		
<input type="text"/>	\$		
<input type="text"/>	\$		
<input type="text"/>	\$		

* For Universal/Target Life policies (policy numbers starting with 60, 61, 62) these options are not available. The drafts will happen on the policy due day. For Auto Adjusted Billing, see Step 5 below.

For Variable Universal Life and Annuities (policy numbers starting with 57, 63, 65, 75, 775-778, 7804-7809, NP or N3), the only draft frequency available is monthly. Any draft day can be chosen (1st to 28th but NOT the 29th, 30th or 31st). If a draft frequency or draft day is not chosen, the default will be Monthly on the Policy Date Due day.

Continued on the next page.



8069 0225 01

My payment preferences

STEP 2B Continued from previous page

2. Multiple Policies Autopay Arrangement (One Draft for Multiple policies done on the 15th of each month)

This option is not available for Variable Universal Life and all Annuities (policy numbers starting with 57, 63, 65, 75, 775-778, 7804-7809, NP or N3)

I authorize automatic drafting of multiple policies together Autopay payment on policy(s) listed below:

Policy Numbers	Premium Amount	Add to existing multiple arrangement (Case Reference#)
	\$	
	\$	
	\$	
	\$	
	\$	

3. Autopay Option to Purchase Paid-Up Additions (OPP) Arrangement (Whole Life policies only, individual drafts for each policy.)

I authorize automatic Autopay OPP Payments on policy(s) listed below:

Policy Numbers	Premium Amount	Draft Frequency* Annual, Semi-Annual, Quarterly, Monthly	Draft Day* 1st to 28th only
	\$		
	\$		
	\$		

4. For New York Life Guaranteed Future Income Annuity/New York Life Future Mutual Income Annuity policies

Policy numbers starting with 705 or 748.
Autopay payments to be drawn: Monthly Quarterly Semi-Annually Annually
I want the automatic payment end date (cannot be scheduled for the 29th, 30th or 31st of the month) to be: MONTH DAY YEAR

Policy numbers	Premium amount
	\$
	\$
	\$

STEP 3 Tell us what bank account you'd like to use (must be a U.S. bank account).

Routing number

Bank name

City, State of branch

Account number

☐ Checking

☐ Savings

Name of bank account holder

Name

Address

City, State, Zip

Date

1234

01-2345678

PAY TO THE ORDER OF

\$

DOLLARS

BANK NAME

ADDRESS

CITY, STATE, ZIP

FOR

123456789

000123456789

1234

Bank Routing Number

Account Number

Check Number

My payment preferences

STEP 4 Please **only** complete if the bank account holder named above (the payer) is **not** the policy owner.

Helpful tip: provide the Designated Payer's information below and indicate payer type in the signature section below.

Social Security or Tax ID number	Date of birth MONTH / DAY / YEAR	Relationship to policy owner
----------------------------------	-------------------------------------	------------------------------

Address *No PO boxes please*

STREET APT. CITY STATE ZIP

STEP 5 Read and sign.

By signing, I/We authorize New York Life Insurance Company, New York Life Insurance and Annuity Corporation and NYLIFE Insurance Company of Arizona (collectively, "New York Life") to pay policy premiums and/or purchase paid-up additions by withdrawing them from the account listed in Step 3 above and to make refunds to that account. I/We also authorize the bank associated with that account to debit and/or credit that account accordingly.

I/We understand that for Autopay payments, the withdrawals will normally be debited at the frequency chosen on a regular schedule established by New York Life. This arrangement does not change the premium due date specified in the policy and will not extend any applicable grace or late periods for premium payment; the policy will lapse at the end of any applicable grace or late periods if the premium remains unpaid; and premium notices will not be sent while this arrangement is in effect. For life products issued by New York Life Insurance Company or NYLIFE Insurance Company of Arizona, the total amount paid annually will be greater using Autopay bank drafts on a semi-annual, quarterly or monthly basis than if you paid your premium on an Autopay bank draft on an annual basis.

If selecting Autopay payments for Auto-Adjusted Billing, please note that the premium payment is subject to change on your policy anniversary. You will receive notice of this change on or around your policy anniversary.

I/We also understand that the policy owner or the bank account holder may terminate or modify this arrangement at any time by notifying New York Life at least 10 days prior to the withdrawal date. Such notifications must be made by calling New York Life, or sending a signed and dated request to the address on this form.

Your signature(s) confirm(s) that you have read all the information on this form and that the information you have provided is correct.

X Policy owner signature (Required)	Name (Print)	Title (if applicable)	Date
X Policy owner signature (Required)	Name (Print)	Title (if applicable)	Date

STEP 6 Please **only** complete if you are a Designated Payer.

If the owner or payer is a corporation, trust, or partnership, please provide signatures of two corporate officers, required trustees, or two partners other than the insured. Titles are required.

Payer type If you are one of these Designated Payer types, please check the appropriate box and sign below.

☐ Individual ☐ Corporation ☐ Trust ☐ Partnership ☐ Sole-proprietor ☐ LLC

X Bank account owner signature (Required if other than the policy owner)	Name (Print)	Title (if applicable)	Date
X Bank account owner signature (Required if other than the policy owner)	Name (Print)	Title (if applicable)	Date

STEP 7 Done! Send us your completed form.

You have options. Pick one that best suits your needs.

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

By fax: **(800) 278-4117**

In person: You can drop off this completed form at a New York Life office near you. **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.

If you have additional instructions or comments, tell us below. We'll reach out to you if we need more information.

