

Policy Change Request Form

Use this to convert your annuity to a Joint Life or Single Life policy.

The right to make changes can only be triggered by a life event – such as a marriage, divorce, or death and can be done up to nine times.

An updated illustration must be submitted along with this form.

STEP 1 Tell us your policy information.

Policy number	<input type="text"/>	Policy owner name	<input type="text"/>
Mobile phone	<input type="text"/>	Email	<input type="text"/>
Address <input type="checkbox"/> Check this box to update our records with this information.			
	STREET	APT.	CITY STATE ZIP
Annuitant's name	FIRST	M.I.	LAST
Annuitant's Date of Birth	MM	DD	YYYY

STEP 2 Change your Annuity to Joint Life Policy (please check box)

You can add or remove an annuitant only before the earliest of 1) the Guaranteed Lifetime Withdrawal Benefit (GLWB) commencement date, 2) the annuity commencement date, 3) Age 74 of the oldest annuitant or 4) the 10 year policy anniversary.

Note that adding or removing annuitants will result in the initial GLWB withdrawal rate and deferral credits to be redetermined using the updated information provided below.

Check One:

- I elect to add an annuitant to my policy (must be spouse). Your GLWB amount will change from a Single to a Joint payout.
- I elect to remove an annuitant from my policy. Your GLWB amount will change from a Joint to a Single payout.

New Annuitant's name	FIRST	M.I.	LAST
New Annuitant's address			
	STREET	APT.	CITY STATE ZIP
New Annuitant's Date of Birth	MM	DD	YYYY
New Annuitant's Social Security number	<input type="text"/>	-	<input type="text"/>
	<input type="text"/>	-	<input type="text"/>

STEP 3 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: By signing below, I acknowledge that I may change this option only one time. I also acknowledge that by changing these options, my income benefit will change.

- I confirm that all required documents have been submitted with this form, including a Marriage Certificate to add a spouse and a copy of the Qualified Domestic Relations Order to remove a spouse due to divorce.

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

STEP 4 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.

