

# My payment preferences

Save time and paper.  
Manage your account online at [newyorklife.com](http://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.



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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#)
<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	\$	
<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	\$	
<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	\$	
<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	\$	
<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	\$	

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
<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	\$		
<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	\$		
<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	\$		

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
<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	\$
<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	\$
<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	\$

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
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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.

<b>X</b> Policy owner signature (Required)	Name (Print)	Title (if applicable)	Date
<b>X</b> 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

<b>X</b> Bank account owner signature (Required if other than the policy owner)	Name (Print)	Title (if applicable)	Date
<b>X</b> 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](http://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.

