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My LTC Payment Preferences

*Use this form to **start** a new bank draft/ACH arrangement or **change** an existing one on an inforce LTC policy.*

STEP 1 Tell us your contact information.

Policy owner name (First, M.I., Last) Corporate/Trust name

Daytime phone	Email

Address
☐ *Check if new*

STREET APT. CITY STATE ZIP

STEP 2 Tell us your **policy number(s)**. Please only list policies where you are the owner.

My policy number(s)	Insured name	Select a bank draft frequency
		☐ Monthly ☐ Semi-Annually ☐ Quarterly ☐ Annually
		☐ Monthly ☐ Semi-Annually ☐ Quarterly ☐ Annually
		☐ Monthly ☐ Semi-Annually ☐ Quarterly ☐ Annually

Need assistance?
We're here to help.
Give us a call at
(800) 224-4582
Monday through Friday
8:00AM-6:00PM CST.

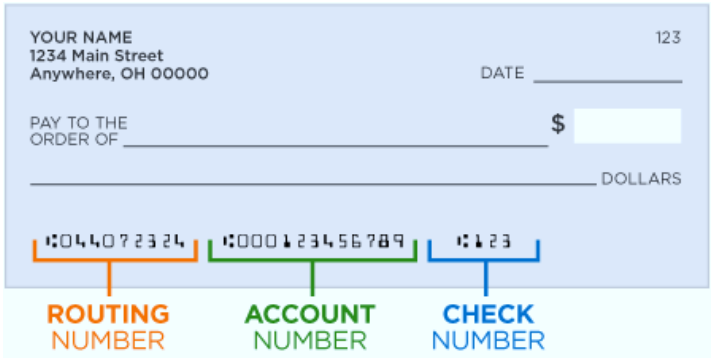
STEP 3A Tell us what bank account you'd like to use—funds are withdrawn as individual transactions.

Routing number

Bank name

Account number ☐ Checking ☐ Savings

Name of account holder



STEP 3B Please **only** complete if the bank account holder named above (the payer) is **not** the insured or owner.

Helpful tip: provide the designated payer's information below and indicate the payer type in the signature section on the next page.

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

Address
No PO boxes please

STREET APT. CITY STATE ZIP

STEP 4A Read and sign.

By signing I authorize New York Life Insurance Company, or any of its subsidiaries specified in that Application (collectively, "New York Life"), to pay policy premiums by withdrawing them from the account listed in Step 3 above and to make refunds to that account. I also authorize the bank associated with that account to debit and/or credit that account accordingly.

NEW YORK LIFE

Your signature is required on the next page ▶

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My LTC Payment Preferences

STEP 4A Read and sign (continued from previous page).

I understand that if I authorized subsequent premium payments that the withdrawals will normally be debited at the frequency I've selected above 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; I will not receive premium notices while this arrangement is in effect; however, New York Life may send me reminder notices of upcoming drafts if they occur less frequently than monthly.

I also understand that I (or the policy owner) 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 us at **(800) 224-4582,** or sending a **signed** and **dated** request that must include the **last 4 of your SSN** and **policy number** 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)	Last 4 of SSN (Required)	Date

STEP 4B Please **only** complete if you are a designated payer.

If the owner or payer is a corporation or trust, please provide signatures of two corporate officers or required trustees 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. ☐ Corporation ☐ Trust

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

STEP 5 Done! Send us your completed form.

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

By mail: **New York Life, Long-Term Care Insurance, PO Box 64670, St. Paul, MN 55164-0670**
By email: **NYLPolicyAdmin@ltcg.com**
By fax: **(866) 294-7031**