



STATEMENT OF TRUST - (For Trusts other than Testamentary Trusts)

FOR THE ASSET ALLOCATION WHOLE LIFE PRODUCT THE WORD "POLICY(IES)" REFERS TO "CERTIFICATE(S)".

Instructions:

- Use this form for Life and Annuity policies (new business and inforce changes).
- Do not use this form for a Testamentary Trust (a trust created within a will).
- Items 1-11 on page one must be completed in full.
- Complete page three and secure required signatures.
- For inforce policies, the *Change of Beneficiary* form (21131) and *Transfer of Ownership* form for life policies (21132) can be found in the *Transfer of Ownership Life Kit* (form 22600). The *Transfer of Ownership* form for annuity policies can be found in the *Transfer of Ownership Annuity Kit* (form 22599).
- Agent Certification section on page three must be completed and signed by agent - if your agent is assisting you with this change. If completing this form without an agent and the owner is a trust, please provide a copy of the trust agreement.
- In all instances New York Life reserves the right to request a copy of the trust if we deem it necessary.

Complete items 1-11 before proceeding

1. PROPOSED INSURED(S)/INSURED(S)/ANNUITANT(S) _____

2. POLICY NUMBER(S) _____

3. I/We affirm that the Trust Agreement created by _____ as Grantor/

Settler/Trustor is in effect and contains the following information: _____

4. Trust Name: _____

5. Trust Date: _____

6. Date of Last Amendment, if any: _____

7. State where Trust Established _____

8. Beneficiary(ies) of Trust: _____

9. Relationship of Trust Beneficiary(ies) to Proposed Insured(s)/Insured(s)/Annuitant(s): _____

10. Name(s) of Trustee(s): _____

Note: If more than one Trustee, we require all Trustees to sign applicable forms, unless we receive a copy of the Trust stating that the Trustees can act independently.

11. Relationship of Trustee(s) to Proposed Insured(s)/Insured(s)/Annuitant(s): _____

RETURN FORM TO:

For Variable Life and Variable Annuity policies:

New York Life, Variable Products Service Center
 Madison Square Station, PO Box 922, New York, NY 10159

For all other policies:

If You Live In: AL, CT, DC, DE, FL, GA, IL, IN, KY, MA, ME, MD, MI, MS, NC, NH, NJ, NY, OH, PA, RI, SC, TN, VA, VT, WI, or WV, **return this form to:**
 New York Life, Cleveland Service Center
 PO Box 6916, Cleveland, OH 44101

If You Live In: AK, AR, AZ, CA, CO, HI, IA, ID, KS, LA, MN, MO, MT, NE, ND, NM, NV, OK, OR, SD, TX, UT, WA, or WY, **return this form to:**
 New York Life, Dallas Service Center
 PO Box 130539, Dallas, TX 75313-0539

Other: (i.e. foreign address, etc) return form to either location above.



Please read this page and secure required signatures on page three.

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STATEMENT REGARDING TRUST AS POLICY BENEFICIARY

I/We affirm that the beneficiary designation for each policy listed agrees with a Trust Agreement created by the Grantor and dated as shown on page one.

For Life Insurance Policies:

If, before the proceeds are paid, the Insurer(s) receives proof that the Trust as policy beneficiary is not in effect at the Insured's death, the proceeds shall be paid to the contingent beneficiary(ies), if any. Otherwise, the proceeds shall be paid in a single sum to the Owner, if the Owner is living at that time. If the Owner is not living at that time, the single sum shall be paid to the Owner's Estate.

For Annuity Contracts:

Please see your Agent/Registered Representative for payment methods available upon death of the Owner/Annuitant.

For Life Insurance Policies and Annuity Contracts:

Before the Insurer(s) pays the proceeds at death, it may ask for proof that the Trust is in effect;
The Owner possesses all rights of ownership of each policy including the right to change the beneficiary designation at any time even if there is a contrary provision in the Trust Agreement. This applies to revocable and irrevocable trusts;
The Insurer(s) will not have any liability after it pays the proceeds of each policy, as set forth in this Statement;
The Interest of the Trust(s) in each of these policies shall be subject to any assignment of that policy made before or after this Statement.

STATEMENT REGARDING TRUST AS OWNER

I/We affirm that the Trust Agreement created by the Grantor as shown on page one (and the trust date as shown on page one) 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.



IMPORTANT: The Internal Revenue Service (IRS) requires that the named Owner complete the following:
 (The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding).

Taxpayer Identification Number and Backup Withholding Certifications

Policyowner's Taxpayer Identification Number is _____

Under penalties of perjury, I certify that the number shown above is my correct Taxpayer Identification Number.
 I further certify that I am a U.S. person (including a U.S. resident alien).

I also certify that (please check only one box):

- I have been notified by the IRS that I am subject to backup withholding.
- I am not subject to backup withholding because (a) I have not been notified that I am subject to backup withholding as a result of failure to report all interest or dividends, or (b) the IRS has notified me that I am no longer subject to backup withholding.

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_____ Date	<u> X </u> Grantor(s) signature	<u> X </u> Grantor(s) signature, if required
_____ Date	<u> X </u> Trustee(s) signature	<u> X </u> Trustee(s) signature, if required
_____ Date	<u> X </u> Proposed Insured(s)/Insured(s)/Annuitant(s) signature	<u> X </u> Additional Signature, if required
_____ Date	<u> X </u> Applicant(s)/Owner(s) signature, if other than above	<u> X </u> Additional Signature, if required

If the indicated policy is corporate-owned, provide signatures and titles of two corporate officers below.

_____ Print Name & Title of Officer	_____ Print Name & Title of Officer
_____ Date	<u> X </u> Officer's Signature
	<u> X </u> Officer's Signature

AGENT CERTIFICATION
 (if Agent assists with completion of form)

By signing below I attest that I have reviewed the identifying trust document(s) described on page one and that the document(s) appeared to be as described.

 Print Name of Agent/Registered Representative

 X
 Agent/Registered Representative's Signature

 Date

