



PARTIAL WITHDRAWAL/ PERIODIC PARTIAL WITHDRAWAL REQUEST FORM

NYLIAC Single Premium Variable Universal Life,
NYLIAC Variable Universal Life 2000,
NYLIAC Variable Universal Life,
NYLIAC Survivorship Variable Universal Life,
NYLIAC Variable Universal Life Provider,
New York Life Survivorship Variable Universal Life Accumulator,
New York Life Variable Universal life Accumulator,
New York Life Legacy Creator Single Premium Variable Universal Life,
New York Life Variable Universal Life Accumulator Plus
New York Life Variable Universal Life Accumulator II

Date: _____

Policy Number: _____ Policyowner(s): _____

Insured(s): _____

Instructions:

1. If you wish to request a **one-time Partial Withdrawal**, complete **Sections A and C** through **E**.
2. If you wish to **set up or modify an automated Periodic Partial Withdrawal Arrangement**, complete **Sections B** through **E**.
3. Read the **Important Income Tax Information** on **page 10**.
4. **Date and sign page 8, Section F** of this form and secure all other required signatures. If the policy is jointly owned and has another designee(s) who are authorized to request transactions on the policy, the signatures of all joint owners and designees are required. All signatories must provide their Tax Identification Number.
5. **Partial withdrawal requests for amounts greater than \$50,000 must include a notarized confirmation or Medallion Signature Guarantee of the policyowner(s) signature.**
6. If you have any questions, please contact one of our Customer Service Representatives toll-free at 1-800-598-2019. **For online policy information and service, please visit us at newyorklife.com and click on "My Account."**
7. If you are using the funds from this policy to purchase/fund another policy, please consider all aspects of the transaction before making a final decision to ensure that it is in your best interest. The withdrawal of these funds may affect the guaranteed and non-guaranteed values, including the face amount and surrender value of the policy from which the funds are being released.

Please read the product prospectus for further details regarding Partial Withdrawals and Periodic Partial Withdrawals.

Please Note: If NYLIAC receives this request and any required information is incomplete, this request will not be processed. **We will notify you if your request is incomplete.** If you resubmit the request, the transaction(s) will then be effective as of the date on which we receive this completed resubmission.

RETURN FORM TO:

For Variable Universal Life policies:	New York Life, Variable Products Service Center Madison Square Station, PO Box 922, New York, NY 10159
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SECTION A

PARTIAL WITHDRAWAL

PLEASE INDICATE THE AMOUNT YOU WISH TO WITHDRAW AND COMPLETE THE SECTIONS C-E OF THIS FORM.

For SPVUL, VUL 2000, VUL, and SVUL, we impose a fee, not to exceed the lesser of \$25 or 2% of the amount withdrawn, for each withdrawal. The minimum amount that may be withdrawn is \$500. For VUL 2000, VUL, and SVUL, we will not allow a partial withdrawal if it would reduce the face amount of your policy (not including riders) below the minimum face amount (\$50,000 for VUL 2000 and VUL; and \$100,000 for SVUL). For SPVUL, we will not allow a partial withdrawal if it would reduce the Cash Surrender Value below the minimum initial single premium required by issue age (\$5,000 for issue ages 17 and below; \$100,000 for issue ages 18 and above).

For VUL Provider, Legacy Creator SPVUL, VUL Accumulator, VUL Accumulator II, VUL Accumulator Plus, and SVUL Accumulator, we may impose a fee that will not exceed \$25 for each withdrawal. The minimum amount that may be withdrawn is \$100 for VUL Provider, VUL Accumulator and VUL Accumulator Plus; and \$500.00 for Legacy Creator SPVUL and SVUL Accumulator. For VUL Accumulator, VUL Accumulator II, SVUL Accumulator, and VUL Accumulator Plus, we will not allow a partial withdrawal if it would reduce the face amount of your policy (not including riders) below the minimum face amount (\$50,000 for VUL 2000, VUL Accumulator, VUL Accumulator II, and VUL Accumulator Plus; and \$100,000 for VUL Provider and SVUL Accumulator). For Legacy Creator SPVUL, we will not allow a partial withdrawal if it would cause the policy's Cash Surrender Value to fall below \$10,000.

Partial withdrawal requests for amounts greater than \$50,000 must include a notarized confirmation or Medallion Signature Guarantee of the policyholders(s) signature.

I REQUEST A WITHDRAWAL AMOUNT OF: \$ _____

If your address or bank account information has been on file with us for less than 15 days, we may require additional verification of your identity, in a form acceptable to us, before we will process a request to send surrender proceeds electronically to that bank account or through the mail to that address.

Please check 1 or 2:

1. (Gross) I understand that I may receive less than this amount if I elect to have taxes withheld and/or a surrender charge applies.

2. (Net) I wish to receive the full amount specified above. I understand that the amount deducted from my policy may be greater if I elect to have taxes withheld and/or a surrender charge applies.

If this partial withdrawal includes monies to be withdrawn for the purposes of paying a premium for another NYLIAC, New York Life, or a Long Term Care product, please indicate the policy number and payment type.

Please Note: Loan Repayments are not eligible for Long Term Care products.

The partial withdrawal will be used to pay the premiums on the following policy number:

Premium Payment Type:

Scheduled Premium Payment

Additional Premium Payment

Loan Repayment



SECTION B

PERIODIC PARTIAL WITHDRAWAL (PPW) ARRANGEMENT

For VUL, VUL 2000, VUL Provider, VUL Accumulator, VUL Accumulator Plus Policies and Accumulator II Policies Only

Please complete this section if you wish to receive Periodic Partial Withdrawals (PPW) on a regular schedule. Only one PPW arrangement may exist for each policy. If a new election form is received it will cancel any previous election form. You may not elect to receive Periodic Partial Withdrawals if you are currently making scheduled deposits to your policy via automatic deposits from your bank. Except as provided below, Periodic Partial Withdrawals will continue until notification to terminate them is received by NYLIAC.

PPW arrangements can not be elected while the No Lapse Guarantee provision is in effect, if you have a Guaranteed Minimum Death Benefit Rider, an Intermediate No Lapse Guarantee Rider, your policy is a MEC, or if your policy is below its minimum face amount. If a PPW would cause the policy's Face Amount to be less than the required face amount (\$100,000 for VUL Provider; and \$50,000 for VUL, VUL 2000, VUL Accumulator, VUL Accumulator II and VUL Accumulator Plus), we will not process the PPW and the arrangement will be suspended. For the PPW arrangement to continue as scheduled, the Cash Surrender Value must be maintained at a \$2,000 minimum and must be sufficient to cover the policy's monthly charges. If the Cash Surrender Value falls below this minimum and/or is insufficient to cover the monthly charges, this option will be suspended. **We will notify you if this occurs.** If the Cash Surrender Value subsequently reaches the \$2,000 minimum and/or the monthly charges have been satisfied, the PPW arrangement will automatically restart on the next scheduled date.

We will automatically terminate your PPW arrangement when total withdrawals taken (including PPWs) equal the total premiums paid under the policy. (Due to this rule, your last PPW payment may be smaller than your requested PPW amount.) Otherwise, PPWs will continue until NYLIAC receives your notice to terminate them.

To process a PPW arrangement, NYLIAC must receive this form at least five (5) business days before the date the PPWs are to begin. The PPWs will be effective on the day of the month you specify (except for the 29th, 30th or 31st of a month). If your request for this option is received less than five (5) business days prior to the date you requested it to begin, the PPWs will begin one month after the date you requested it to begin. The PPW arrangement cannot be set up more than three months in advance of the start date.



SECTION B

PERIODIC PARTIAL WITHDRAWAL (PPW) ARRANGEMENT (Continued)

I ELECT TO RECEIVE SCHEDULED PAYMENTS OF:

A Specified Amount (Minimum \$100) \$ _____.

(The specified amount will be withdrawn for each payment. A surrender charge may apply.)

For VUL and VUL 2000, we may impose a fee, not to exceed the lesser of \$25 or 2% of the amount withdrawn, on the first withdrawal. For VUL Provider, VUL Accumulator, VUL Accumulator Plus, and Accumulator II, we may impose a fee not to exceed \$25 on the first withdrawal.

Choose one option:

- 1. (Gross)** I understand that I may receive less than this amount if I elect to have taxes withheld and/or a surrender charge applies.
- 2. (Net)** I wish to receive the full amount specified above. I understand that the amount deducted from my policy may be greater if I elect to have taxes withheld and/or a surrender charge applies.

If any of these PPW options includes monies to be withdrawn for the purposes of paying a premium for another NYLIAC, New York Life Insurance Company, or a Long Term Care product, please indicate the policy number:

The PPW will be used to pay the premiums on the following policy number:

INDICATE FREQUENCY OF PARTIAL WITHDRAWALS:

- Monthly Quarterly Semi-Annually Annually

PLEASE INDICATE THE DATE FOR THE FIRST PAYMENT TO BE WITHDRAWN FROM YOUR POLICY:

Payment dates may not be the 29th, 30th, or 31st of a month: _____
Month Day Year

SECTION C

ELECTRONIC FUNDS TRANSFER (EFT)

To have your Partial Withdrawal/ Periodic Partial Withdrawal payment(s) sent directly to your bank account, via Electronic Funds Transfer (EFT), please provide the following information: If we are unable to send your payment(s) via EFT to the bank account provided, we will send a check to the address of record or the current address provided on page 7:

Name of Financial Institution and Branch Name (if any) _____

Address of Financial Institution _____

Routing Number of Financial Institution _____

Account Number for Deposit of Payments _____

Accountholder's Name _____

Please Check One: Checking Account Saving Account

If the payment(s) are to be deposited into a Checking Account, **please attach a voided check**. If the payment(s) are to be deposited into a Savings Account, **please provide a deposit slip** that confirms the account and routing numbers.

If the day you have chosen for your Periodic Partial Withdrawal payments falls on any day which is not a business day (e.g., a weekend or holiday) your payment shall be made on the following business day. The unit value for each payment will be equal to the unit value for the respective Allocation Alternative on the day the payment is made.

Note: Your financial Institution must be a member of the Automatic Clearing House (ACH). Please check with your Financial Institution.



SECTION D

ALLOCATION ALTERNATIVES

PLEASE INDICATE THE AMOUNT TO BE WITHDRAWN FROM THE FOLLOWING INVESTMENT DIVISION(S) AND/OR FIXED ACCOUNT.

If no indication is given, payment(s) will be taken on a proportional basis, based on the allocation of the cash value in the Allocation Alternatives at the time of the withdrawal.

Risk classifications are provided in the parenthesis after the Investment Division. Risk classifications are determined on the basis of the Morningstar Category assigned to the Investment Divisions by Morningstar Analytics as of December 31, 2017. Morningstar, Inc. is a widely-used independent research firm, which ranks mutual funds and other investment companies by overall performance, investment objectives and assets.

FOR VARIABLE UNIVERSAL LIFE PROVIDER PERIODIC PARTIAL WITHDRAWALS ONLY: Your Periodic Partial Withdrawal arrangement will be suspended if there is insufficient cash value in any of the investment divisions you have selected. If the cash value in the investment division(s) then reaches the minimum required, the Periodic Partial Withdrawal will automatically restart on the next scheduled date. You may change your allocation alternatives for your Periodic Partial Withdrawal at any time.

NAME	NUMBER		NAME	NUMBER	
Fixed Account	101	\$	MainStay VP MacKay Government – Initial Class (Moderate) ⁽⁵⁾	103	\$
Dollar Cost Averaging Plus/Extra Account ⁽¹⁾		\$	MainStay VP MacKay Growth – Initial Class (High) ⁽⁵⁾⁽⁷⁾	104	\$
MainStay VP Absolute Return Multi-Strategy – Initial Class (Moderate) ⁽⁶⁾	167	\$	MainStay VP MacKay High Yield Corporate Bond – Initial Class (Moderate) ⁽⁵⁾	110	\$
MainStay VP Balanced – Initial Class (Moderate)	145	\$	MainStay VP MacKay International Equity – Initial Class High ⁽⁵⁾	109	\$
MainStay VP Bond – Initial Class (Moderate)	107	\$	MainStay VP MacKay Mid Cap Core – Initial Class (High) ⁽⁵⁾	136	\$
MainStay VP Conservative Allocation – Initial Class (Moderate)	148	\$	MainStay VP MacKay S&P 500 Index – Initial Class (High) ⁽⁵⁾	105	\$
MainStay VP Cushing® Renaissance Advantage – Initial Class (Highest) ⁽²⁾	176	\$	MainStay VP MacKay Small Cap Core – Initial Class (High) ⁽⁵⁾	180	\$
MainStay VP Eagle Small Cap Growth – Initial Class (High)	164	\$	MainStay VP MacKay Unconstrained Bond – Initial Class (Moderate) ⁽⁵⁾	156	\$
MainStay VP Emerging Markets Equity – Initial Class (Highest) ⁽⁷⁾	163	\$	MainStay VP MFS® Utilities – Initial Class (High)	160	\$
MainStay VP Epoch U.S. Equity Yield – Initial Class (High)	121	\$	MainStay VP Moderate Allocation – Initial Class (Moderate)	149	\$
MainStay VP Epoch U.S. Small Cap – Initial Class (High)	124	\$	MainStay VP Moderate Growth Allocation – Initial Class (High)	150	\$
MainStay VP Floating Rate – Initial Class (Moderate)	144	\$	MainStay VP PIMCO Real Return – Initial Class (Moderate)	162	\$
MainStay VP Growth Allocation – Initial Class (High)	151	\$	MainStay VP T. Rowe Price Equity Income – Initial Class (High) ⁽⁷⁾	161	\$
MainStay VP Income Builder – Initial Class (Moderate)	106	\$	MainStay VP U.S. Government Money Market – Initial Class (Low)	102	\$
MainStay VP Indexed Bond – Initial Class (Moderate) ⁽²⁾	186	\$	MainStay VP VanEck Global Hard Assets – Initial Class (Highest)	158	\$
MainStay VP Janus Henderson Balanced – Initial Class (Moderate) ⁽³⁾	159	\$	AB VPS Small/Mid Cap Value Portfolio – Class A (High)	152	\$
MainStay VP Large Cap Growth – Initial Class (High)	122	\$	American Funds IS Asset Allocation Fund – Class 2 (Moderate) ⁽²⁾	191	\$
MainStay VP MacKay Common Stock – Initial Class (High) ⁽⁵⁾	108	\$	American Funds IS Blue Chip Income and Growth Fund – Class 2 (High) ⁽²⁾	188	\$
MainStay VP MacKay Convertible – Initial Class (Moderate) ⁽⁵⁾	119	\$	American Funds IS Global Small Capitalization Fund – Class 2 ⁽²⁾	174	\$

Allocation Alternative Listing Continues on the Next Page



NAME	NUMBER	NAME	NUMBER
American Funds IS Growth Fund – Class 2 (High) ⁽²⁾	187 \$	Fidelity® VIP Freedom 2040 Portfolio – Initial Class (High)	341 \$
American Funds IS New World Fund® – Class 2 (Highest)	172 \$	Fidelity® VIP Growth Opportunities Portfolio – Initial Class (Moderate)	342 \$
BlackRock® Global Allocation V.I. Fund – Class I (Moderate)	157 \$	Fidelity® VIP Mid Cap Portfolio – Initial Class (High)	202 \$
BlackRock® High Yield V.I. Fund – Class I (Moderate)	173 \$	Invesco V.I. American Value Fund – Series I (High)	316 \$
ClearBridge Variable Appreciation Portfolio – Class I (High) ⁽²⁾	185 \$	Invesco V.I. International Growth Fund – Series I (High)	154 \$
Columbia Variable Portfolio – Commodity Strategy Fund – Class 1 ⁽²⁾	175 \$	Janus Henderson VIT Enterprise Portfolio (High) ⁽²⁾ – Institutional Shares	206 \$
Columbia Variable Portfolio – Emerging Markets Bond Fund – Class 1 ⁽²⁾	177 \$	Janus Henderson VIT Global Research Portfolio – Institutional Shares (High) ⁽⁴⁾	117 \$
Delaware VIP® Emerging Markets Series – Standard Class (Highest)	322 \$	LVIP SSgA International Index Fund – Standard Class (High) ⁽²⁾	195 \$
Delaware VIP® Small Cap Value Series – Standard Class (High)	323 \$	LVIP SSgA Mid-Cap Index Fund – Standard Class (High) ⁽²⁾	194 \$
Dreyfus IP Technology Growth Portfolio – Initial Shares (High)	138 \$	MFS® International Value Portfolio – Initial Class (High)	324 \$
DWS Alternative Asset Allocation VIP– Class A (Moderate) ⁽²⁾⁽⁶⁾	179 \$	MFS® Investors Trust Series – Initial Class (High)	125 \$
DWS Small Cap Index VIP – Class A (High) ⁽²⁾⁽⁹⁾	310 \$	MFS® New Discovery Series – Initial Class (High)	216 \$
DWS Small Mid Cap Value VIP – Class A (High) ⁽¹⁰⁾	153 \$	MFS® Research Series – Initial Class (High)	126 \$
Fidelity® VIP Contrafund® Portfolio – Initial Class (High)	115 \$	Morgan Stanley VIF U.S. Real Estate Portfolio – Class I (Highest)	212 \$
Fidelity® VIP Emerging Markets Portfolio – Initial Class (Highest) ⁽²⁾	190 \$	Neuberger Berman AMT Mid Cap Growth – Class I (High)	207 \$
Fidelity® VIP Equity-Income Portfolio – Initial Class (Moderate)	113 \$	PIMCO VIT International Bond Portfolio (U.S. Dollar-Hedged) – Institutional Class (Moderate) ⁽¹¹⁾	171 \$
Fidelity® VIP Freedom 2020 Portfolio – Initial Class (Moderate)	339 \$	PIMCO VIT Low Duration Portfolio – Institutional Class (Low) ⁽²⁾	178 \$
Fidelity® VIP Freedom 2030 Portfolio – Initial Class (Moderate)	340 \$	PIMCO VIT Total Return Portfolio – Institutional Class (Moderate)	344 \$
		TOTAL \$	

- (1) DCA Plus only applies to VUL 2000, VUL Provider, VUL Accumulator, VUL Accumulator II, VUL Accumulator Plus, SVUL Accumulator and Survivorship VUL. For VUL 2000, VUL Provider, VUL Accumulator and SVUL Accumulator, the DCA Plus fund number is 302; for VUL Provider (with Alternative Cash Surrender Value), the DCA Plus fund number is 303; for Survivorship VUL, the DCA Plus fund number is 304. For Legacy Creator SPVUL, the DCA Extra fund number is 305.
- (2) These funds are not available on NYLIAC Single Premium Variable Universal Life and New York Life Legacy Creator Single Premium Variable Universal Life products.
- (3) Formerly known as MainStay VP Janus Balanced – Initial Class.
- (4) Formerly known as Janus Aspen Global Research Portfolio – Institutional Shares.
- (5) Formerly known as MainStay VP Cornerstone Growth, MainStay VP Convertible, MainStay VP Government, MainStay VP High Yield Corporate Bond, MainStay VP Unconstrained Bond Portfolio, MainStay VP Common Stock, MainStay VP International Equity, MainStay VP Mid Cap Core, MainStay VP S&P 500 Index, and MainStay VP Small Cap Core, as applicable.
- (6) Premiums or transfers will not be accepted in this Investment Division on or after 5/1/2018 if you did not have Cash Value in this Investment Division. If you remove all of your Cash Value from this Investment Division on or after 5/1/2018, you will not be allowed to reinvest in this Investment Division.
- (7) Premiums or transfers will not be accepted into this Investment Division on or after 11/13/2017 if you did not have Cash Value in this Investment Division prior to 11/13/2017. If you remove all of your Cash Value from this Investment Division on or after 11/13/2017, you will not be allowed to reinvest in this Investment Division.
- (8) Formerly known as Deutsche Alternative Asset Allocation VIP – Class A.
- (9) Formerly known as Deutsche Small Cap Index VIP – Class A.
- (10) Formerly known as Deutsche Small Mid Cap Value VIP – Class A.
- (11) Formerly known as PIMCO VIT Foreign Bond Portfolio (U.S. Dollar-Hedged) – Institutional Class.



SECTION E

INCOME TAX WITHHOLDING ELECTION

A partial withdrawal may result in a taxable gain reportable to the IRS on IRS Form 1099R. In addition, a 10% penalty tax may be imposed if you make a withdrawal from your life insurance policy that is a modified endowment contract and you are not disabled or you receive your distributions before you are age 59½. The withdrawals you receive are subject to federal income tax withholding unless you elect not to have federal income tax withheld from the withdrawal. Please read the Important Tax Information before you select a withholding election.

You should consider very carefully which box you check. You should consult with your personal tax advisor, plan administrator, State income tax authority, or your local IRS office if you have any questions about income tax withholding. IRS publication 505 (Tax Withholding and Estimated Tax) and IRS form W-9 may also be helpful.

Please provide us with your Taxpayer Identification Number (TIN).

1. _____
Taxpayer Identification Number

2. _____
Taxpayer Identification Number

Are you a citizen of the United States? Yes No Are you a citizen of the United States? Yes No

PLEASE INDICATE YOUR WITHHOLDING ELECTION BY CHECKING THE APPROPRIATE BOX BELOW:

I elect to have the following withholding option applied to this payment and any future payments under this policy (please check only one box).

Please Note: Non-natural owners (companies, corporations, trusts) cannot elect to have **no withholding** apply.

No Withholding:

I elect to have **no** Federal **or** State Income taxes withheld from this payment and from any future payments under this policy.

Both Federal and State Withholding:

I elect to have both Federal and State income taxes withheld from this payment and from any future payments under this policy.

Federal Withholding Only:

I elect to have Federal Income taxes withheld from this payment and from any future payment. **No** State income taxes will be withheld. (This option may not be available for residents of certain states. See the State Income Tax Withholding section of this form.)

State Withholding Only:

I elect to have State income taxes withheld from this payment and from any future payment. **No** Federal income taxes will be withheld.

If you elected any of the options above in which taxes will be withheld, you can specify the tax withholding percentage (%) of each withdrawal you would like to have applied to Federal and/or state income tax withholding. If a specific tax withholding amount is not indicated below, we will withhold 10% for federal tax purposes and the state's minimum withholding (if applicable). **Please fill in items (1) and (2).**

(1) I would like to apply _____% of the taxable portion to Federal Withholding.

(2) I would like to apply _____% of the taxable portion to State Withholding.

If you elect to have Federal income tax withheld, we are required to withhold at least 10% of the taxable portion of the distribution. If your state requires withholding, we will withhold the state's minimum amount if you select an amount that is less than the minimum. Please see the **Important State Income Tax Withholding Information** for more information.



SECTION F

AUTHORIZATION AND SIGNATURES

Even if you already completed Section C for EFT, please confirm your current address below:

If you did not complete Section C for EFT, please check here: Please send my check to the address of record.

I, the policyowner, understand and agree that:

- Partial Withdrawals (including Periodic Partial Withdrawals) may reduce the death benefit payable under the policy.
- Distributions that are taxable will be reported to the IRS on Form 1099R.
- It is the participant's responsibility to meet the IRS requirements that qualify for this distribution.
- The effective date of this request will be the date it is received in the Variable Products Service Center of New York Life Insurance and Annuity Corporation (NYLIAC), completed with all required information for processing. See the instructions on page 1 for this address.
- Once the withdrawal is processed, NYLIAC is not obligated to accept any return of the monies distributed.
- Distributions that are paying a premium on another NYLIAC, New York Life Insurance Company, or Long Term Care policy will be sent directly to the administrator of the policy number(s).

Under penalties of perjury, I (as owner named) certify:

1. My social security number or Tax ID number 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 I am a U.S. entity, I am submitting a completed IRS Form W-9. If I am not a U.S. citizen, U.S. resident alien or other U.S. person, I am submitting the applicable Form W8 with this form to certify my foreign status and, if applicable, claim treaty benefits.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Please Note: All signatories must provide their Taxpayer Identification Number in the Income Tax Withholding Election section.

1.) Policyowner(s) Signature **X** _____ Date _____

2.) Assignee or **X** _____ Date _____

Other Required Signature

Policyowner(s) phone number (9am - 5pm eastern time) (_____) _____

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

If one is not already on file, please provide a corporate charter to identify the below signors as authorized individuals.

3.) Signature of Officer **X** _____ Date _____

Print Name of Officer **X** _____

Officer's Title _____

4.) Signature of Officer **X** _____ Date _____

Print Name of Officer **X** _____

Officer's Title _____



Notarized confirmation or Medallion Signature Guarantee required for amounts greater than \$50,000:

Place notary confirmation or Medallion Signature Guarantee below:

STATE OF _____ COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____ by _____, who is/are personally known to me or satisfactorily proven to be the person who executed it for the purposes therein contained.

Notary Public Name (Please print)

My commission expires:



IMPORTANT STATE INCOME TAX WITHHOLDING INFORMATION

You should consult with your personal tax advisor, plan administrator, State income tax authority, or your local IRS office if you have any questions about income tax withholding. IRS publication 505 (Tax Withholding and Estimated Tax) and IRS forms W-9 and W-4P.

For residents of Arkansas, California, Delaware, Georgia, Iowa, Kansas, Maine, Maryland, Massachusetts, Nebraska, North Carolina, Oklahoma, Oregon, Vermont, Virginia and Washington, DC: As of January 1, 2018, state withholding is generally required if federal income tax is being withheld.

For residents of Arkansas, California, Georgia, Maine, North Carolina, Oregon, and Vermont: If federal income tax is being withheld, state income tax withholding is generally required, unless you elect not to have state income tax withholding apply.

For residents of Michigan: We are required to withhold state income tax from the taxable portion of your payments, unless you provide us with a properly completed Form MI W-4P and you claim an exemption from withholding.

For residents of Connecticut: We are required to withhold state income tax from the taxable portion of your payments, unless you provide us with a properly completed Form CT-W4P and you claim an exemption from withholding. An exemption may not be claimed for lump sum distributions.

For residents of Arizona, Indiana, Louisiana, Maryland, Missouri, Montana, New Jersey, New Mexico, New York, Utah, and Wisconsin: As of January 1, 2018, these states do not require withholding of state income taxes, but generally allow you to elect to have withholding apply. Certain exceptions and special rules apply in some states.

For residents of Arizona: State income tax withholding is voluntary and only applies to periodic payments. Withholding election requests must be accompanied by Arizona Form A-4P.

IMPORTANT FEDERAL INCOME TAX WITHHOLDING INFORMATION

This information is required to carry out the Internal Revenue laws of the United States and to provide you with some basic information about withholding of Federal income tax from your payment under the policy specified on the front of this form.

A partial withdrawal may result in a taxable gain reportable to the IRS. Generally, Federal withholding applies to payments made from pension, profit-sharing, stock bonus, annuity and other employee deferred compensation plans, individual retirement arrangements (IRA), tax-sheltered annuities (TSA), and commercial annuities (which include individual annuity, life insurance and endowment policies). Federal income tax may be withheld only from the taxable portion of your payment (as determined from our records) at a flat 10% rate.

Federal income tax must be withheld unless you elect not to have withholding apply to the taxable portion of your payment. You can make this election by checking the appropriate box in Section E, the INCOME TAX WITHHOLDING ELECTION section. Generally, your election as to whether taxes are or are not to be withheld will apply to any other payment from the same policy. You may change this election at any time. To change your previous election, check one of the boxes in Section E, the INCOME TAX WITHHOLDING ELECTION section.

Even if you elect not to have Federal income tax withheld, you are liable for the payment(s) of such tax on the taxable portion of your payment(s). There are penalties under the estimated tax payment rules if enough tax has not been paid through either estimated tax payments or withholding. There is an additional 10% penalty tax imposed by the IRS on "premature distributions" from annuity contracts and modified endowment contracts, unless you are disabled or at least 59½ years of age at the time the withdrawal is made.

If the taxable portion of a payment when added to the taxable portion of all other payments during the year is less than \$200, Federal income tax is not required to be withheld. We will not withhold Federal income tax if the payment is being made to the Trustees of a qualified pension or profit sharing plan.

Variable products are distributed by NYLIFE Distributors LLC, Member FINRA/SIPC, and offered through properly licensed registered representatives. NYLIFE Distributors and NYLIAC are wholly owned subsidiaries of New York Life Insurance Company.

