



TRANSFER OF OWNERSHIP/DESIGNATION OF SUCCESSOR OWNER
(VARIABLE UNIVERSAL AND TRADITIONAL LIFE)

THIS KIT CONTAINS THE FOLLOWING FORMS:

21132 – Transfer of Ownership/ Designation of Successor Owner

8069 – Check – O –Matic (C-O-M) Request Form

21131 – Change of Beneficiary

THE CURRENT OWNER MUST COMPLETE PAGES 3-4 AND SIGN PAGE 4 TO TRANSFER OWNERSHIP.

THE NEW OWNER MUST COMPLETE THE TAX IDENTIFICATION AND BACK-UP WITHHOLDING SECTION ON PAGE 3, COMPLETE PAGES 4 AND 9, AND SIGN PAGE 9.

WITHOUT THE PROPER SIGNATURES AND INFORMATION, THIS TRANSFER OF OWNERSHIP CANNOT BE PROCESSED.



TRANSFER OF OWNERSHIP/DESIGNATION OF SUCCESSOR OWNER FOR LIFE INSURANCE

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

IMPORTANT FACTORS TO CONSIDER WHEN TRANSFERRING OWNERSHIP

Once you make a transfer of ownership, all ownership rights in the policy pass to the Owner(s) designated on page 3 (the "New Owner(s)") permanently. Subsequent transfers of ownership can be made without your knowledge, and therefore, you may not know who owns the policy on the life of the insured. Beneficiary changes can also be made without your knowledge, so you may not know the identity of the beneficiary designated to receive the death benefit of your policy. These factors are particularly significant when transferring the ownership of your policy for cash or other valuable consideration to an unrelated third party, such as in a viatical or life settlement. There may be alternatives available in your policy to obtain cash without the necessity of a transfer of ownership. Contact your agent/registered representatives or one of our customer service representatives to discuss possible alternatives. You should consult your tax advisor before any transfer of ownership.

USA PATRIOT ACT

Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who becomes the owner of an existing account. What this means for you: When you change policy/account ownership, we will ask for name, address, date of birth, and other information that will allow us to identify the New Owner(s).

ADDITIONAL REQUIREMENTS FOR VARIABLE PRODUCTS

A transfer of ownership request on any variable product requires that the New Owner(s) submit financial and suitability information. To facilitate the process, the registered representative will be available to assist the New Owner(s) of the variable product in completing the Investor Profile (please complete the state applicable variation of the Investor Profile where mandated) that is required to be filed with the Transfer of Ownership Request.

Instructions for Transfer of Ownership

1. Please print clearly when completing form.
2. Please read pages 1 through 10 before completing this form.
3. The Policyowner(s) With Right to Transfer Ownership (also referred to in this form as Current Owner) must complete pages 3 and 4 and sign page 4 to Transfer Ownership.
 The New Owner(s) must complete:
 - Tax Identification and Back-Up Withholding Certifications section on page 3
 - Top Sections of Pages 4
 - Signatures on pages 3 and 9
4. If there is a Check-O-Matic (C-O-M) arrangement on page 4, the Policyowner(s) With Right to Transfer Ownership and the New Owner(s) must indicate on those policies that will be transferred to a New Owner(s), whether C-O-M should be continued, discontinued or changed.
 To make changes, the New Owner(s) must complete and submit: form #8069 – Check-O-Matic Request Form with this package.
5. The Beneficiary(ies) Designation will *continue* as is on all policy(ies) transferred unless a change of beneficiary request is made. To make changes, the New Owner(s) must complete and submit: form #21131 – Change of Beneficiary and form # 20885 - Statement of Trust (for trusts other than testamentary trusts). For Variable Products: If there are any Scheduled Option(s), the Policyowner(s) With Right to Transfer Ownership and the New Owner(s) must indicate on those policies that will be transferred to a New Owner(s), whether the option(s) should be continued. To make changes to these scheduled option(s), the New Owner(s) must complete and submit additional forms, as specified on Page 4, with this package.
4. For Variable Products: The New Owner(s) must also review pages 6 and 7 and complete the Investor Profile information on page 6 in order for this Transfer Of Ownership request to take effect. A separate Investor Profile must be completed for each policy transferred.
5. PLEASE NOTE THE FOLLOWING: FOR AN INDIVIDUAL OWNER WHO IS A U.S. PERSON, WE ARE REQUIRED TO (A) COLLECT THE TAX IDENTIFICATION NUMBER (TIN) OF THE NEW OWNER(S) AND (B) VERIFY THE IDENTITY OF THE NEW OWNER(S).
 If the New Owner(s) does NOT have a residential or business street address, an Army Post Office (APO) or a Fleet Post Office (FPO) box number, then the residential or business street address of a next of kin or another contact individual is acceptable. For a person other than an individual (such as a corporation, partnership, or trust), a principal place of business, local office or other physical location is acceptable.

(Continued on page 2)



6. Please Note the following. Where the New Owner(s)* will be:

- a. **The Insured:** Insert the words "The Insured".
- b. **Natural Person(s), other than the Insured:** Insert the person's full name(s) and relationship to the Insured.

Note: Under present U.S. law, changing ownership to more than one person may not qualify for the annual gift tax exclusion.

* If the New Owner is a non-US citizen, a completed W-8 or W-9 form is required. If the new owner is a Resident Alien, please send a copy of your Green Card.

- If the New Owner is a minor, a legal guardian must be named, or, a Uniform Transfers to Minors Act (UTMA) or Uniform Gift to Minors Act (UGMA) designation must be used, as follows: "(insert name of the custodian) as Custodian for (insert name of the minor and relationship to insured) under the (insert the state in which the minor lives) Uniform Transfers (or Gifts) to Minors Act:"
 - Where two natural persons are named, rights of ownership will pass jointly to the survivor, unless otherwise specified. Where rights are not to pass jointly to the survivor(s), the names and relationships should be followed by the words "jointly in common."
- c. **A Trust:** Insert the name of the trustee followed by the words "trustee under" and the proper title and date of the trust. A copy of Form 20885 must be provided along with a copy of the trust, unless the agent certifies on 20885 that the trust was reviewed. New York Life or its subsidiaries reserves the right to request a copy of the trust instrument. A completed W-8 or W-9 form is required.
 - d. **An entity:** (i.e. Corporation, Partnership, etc.) Insert entity's full legal name and address.
We require a copy of one of the following:
 - Certified articles of incorporation*
 - Government-issued business license*
 - Partnership Agreement*

For Corporations or Entities within the United States, a completed W-9 form is required. For those outside the domicile of the United States, tax certification is required. Please refer to the Internal Revenue Service website at www.irs.gov for the appropriate W-8 tax form.

When an agent/registered representative is assisting with the transfer, an Identification and Verification form (22502) should be submitted, with sections 1 and 4 completed, along with the transfer request, in lieu of a copy of the certified articles of incorporation, government-issued business license or partnership agreement. If form 22502 is not submitted, a copy of the applicable document shown above is required, along with the transfer request.

7. Please note the following. Where the Current Owner is a:

- a. **Trust, Guardian, etc.:** When a transfer of ownership request is signed by a person acting as a trustee, guardian, or in some similar capacity, the trust instrument or other evidence of that person's authority to change ownership should accompany the request for change. The title of the trustee, guardian, etc. is to follow the signature of that individual.
- b. **Corporation:** This transfer of ownership request must be signed on behalf of the corporation by two disinterested (non-insured) Corporate Officers (President, Secretary or Treasurer), with their titles. New York Life or its subsidiaries may require a copy of the corporate board minutes which authorized the transfer of ownership.
- c. **Partnership:** This transfer of ownership request must be signed by two partners, with their titles as partner, other than the Insured. In the case of a limited partnership, we will require only the signature of a general partner, with the title of general partner. A copy of the partnership agreement must be attached

Instructions for Designation of Successor Owner

1. **The New Owner must complete and sign page 10 to designate a Successor Owner.**

(Where there is no Transfer of Ownership, use Form 21132-OD to designate a Successor Owner.)

2. Please note the following. Where the Successor Owner will be:

- a. **The Insured:** Insert the words "The Insured"
- b. **Natural Person(s), other than the Insured:** Insert the person's full name(s) and relationship to the Insured.
 - If the Successor Owner is a minor, a legal guardian must be named, or, a Uniform Transfers to Minors Act (UTMA) or Uniform Gift to Minors Act (UGMA) designation must be used, as follows: "(insert name of the custodian) as Custodian for (insert name of the minor and relationship to insured) under the (insert the state in which the minor lives) Uniform Transfers (or Gifts) to Minors Act:"
 - Where two natural persons are named, rights of ownership will pass jointly to the survivor, unless otherwise specified. Where rights are not to pass jointly to the survivor(s), the names and relationships should be followed by the words "jointly in common."
- c. **A Trust:** Insert the name of the trustee followed by the words "trustee under" and the proper title and date of the trust. In general, a trustee of a trust created under a will should not be designated as Successor Owner.
- d. **An Entity:** Insert entity's full legal name and address.



Part I. Request for Transfer of Ownership

This section to be completed by the New Owner – Tax Information

IMPORTANT: *The Internal Revenue Service (IRS) and New York Life REQUIRE that the New Owner complete the following:*

Taxpayer Identification Number and Backup Withholding Certifications

New Owner's Taxpayer Identification Number is _____

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) I am exempt from Foreign Account Tax Compliance Act (FATCA) reporting.

Check this box if the IRS has notified you that you are subject to backup withholding.

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.

X _____ - / /
Signature of New Owner Date

This section to be completed by the Current Owner

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

Indicate number of policies to be changed: _____ Indicate number of New Owners(s) _____

Policy #(s) _____ on the
life of _____ the Insured.

All rights of ownership in the above numbered policy(ies) are to be transferred to a New Owner(s) as follows: If there are more than two new owners, please complete the information for each new owner on a separate sheet of paper and submit it with Transfer of Ownership Request. **Each New Owner must provide a signature on page 9 and Tax Identification Number above.**

New Owner 1:

New Owner 2:

Full Name & Relationship to Insured REQUIRED

Full Name & Relationship to Insured REQUIRED

Address:

Address:

Please provide a Residence or Business Street Address. P.O. Box not acceptable

Please provide a Residence or Business Street Address. P.O. Box not acceptable

City, State & Zip Code

Birth date (REQUIRED if a natural person): Gender:

City, State & Zip Code

Birth date (REQUIRED if a natural person): Gender:

____ / ____ / ____ Male Female

____ / ____ / ____ Male Female

Is the New Owner(s) (if a natural person) a citizen of the United States?

Is the New Owner(s) (if a natural person) a citizen of the United States?

Yes No

Yes No

If No, please supply Passport Number:

If No, please supply Passport Number:

Country of Issuance:

Expiration Date:

Country of Issuance:

Expiration Date:



This section to be completed by the Current Owner and New Owner:

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

For Check-O-Matic: (C-O-M):

I/We, the Person(s) With Right to Transfer Ownership, and I/we the person(s) assuming new ownership, understand that premium payment(s) are being paid with a C-O-M Arrangement. Each of us understands that if we do not make a selection below, the C-O-M arrangement will automatically discontinue. We wish to:

- Continue the C-O-M
- Discontinue the C-O-M
- Change the C-O-M (The New Owner must complete and submit Form 8069 and attach a voided check or savings slip)

For Beneficiary(ies) Designation:

The existing Beneficiary(ies) Designation on the Company's records will continue as is unless a new Beneficiary(ies) Designation is submitted by the New Owner (Form 21131 must be attached if changing beneficiary(ies)).

For Scheduled Option(s):

I/We, the Person(s) With Right to Transfer Ownership, and I/we the person(s) assuming new ownership, have checked below the following scheduled option(s) on the policy(ies) that we wish to have continued. Each of us understands that if we have an existing scheduled option(s) and it is not checked below, it will automatically be discontinued. See page 7 for further information on requests to change scheduled options.

- Automatic Asset Reallocation
- Dollar Cost Averaging
- Interest Sweep
- Periodic Partial Withdrawal Arrangement
- Dollar Cost Averaging Advantage

I, the Person(s) With Right to Transfer Ownership, understand and agree that:

1. All rights of ownership in the above numbered contract(s) are to be transferred to the New Owner(s) indicated above.
2. When acknowledgement is sent by New York Life (NYL), this Transfer of Ownership will take effect as of the date stated in the policy being transferred, subject to any payment made or other action taken by NYL before recording the change or, if endorsement of a contract is required by NYL, before that endorsement has been made by NYL.
3. This Transfer of Ownership does not change the Beneficiary nor is this Transfer of Ownership an assignment of the contract.
4. The Contract(s) will be held as separate property by the New Owner(s).

Print Name of Person With Right to Transfer Ownership

Print Name of Additional Signer, if required

X _____ X _____
 Signature(s) of Person With Right to Transfer Ownership Date Additional Signature, if required Date

() _____
Telephone Number of Person With Right to Transfer Ownership

() _____
Telephone Number of Additional Signer

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

Print Name of Officer

Officer's Title

Print Name of Officer

Officer's Title

X _____ X _____
 Signature of Officer Signature of Officer



Provisions Relating to Successor Owner (Owner's Designee)—Life Insurance Only

Even if the policy(ies) states otherwise, the New Owner can designate a Successor Owner by using this signed notice furnishing the necessary information to the Company, without submitting the policy to the Company for endorsement. A Successor Owner becomes the Owner when the New Owner dies. This designation of a Successor Owner terminates automatically if ownership is transferred, if a new Successor Owner is designated, or if the Successor Owner dies before the New Owner. The New Owner's estate will become the Owner if no Successor Owner survives the New Owner. When the Company records a designation of Successor Owner, it will take effect as of the date this notice was signed, subject to any payment made or other action taken by the Company before recording. The policy should not be sent to the Company for endorsement unless the Company requests it. Instead an endorsement will be returned to the New Owner to be kept with the policy after the designation has been recorded.

Provisions Relating to Transfer of Ownership

The Policyowner(s) With Right to Transfer Ownership of the policy can do so by using this signed notice furnishing the necessary information to the Company. When the Company records the change, it will take effect either as of the date this notice is signed, or the date it is received, as outlined in the policy contract. The policy should not be sent to the Company for endorsement unless the Company requests it. Instead, an endorsement will be returned to the new Owner to be kept with the policy after the change has been recorded. In addition, New York Life (NYL) will send the Policyowner(s) With Right to Transfer Ownership and the New Owner(s) a letter containing information regarding the new ownership change and/or information about the policy(ies) once the Transfer of Ownership is complete.

Provisions Relating to Ownership (Policies dated prior to 1954 only)

If the Policy Date is prior to January 12, 1954, the following provisions will apply even if there is anything in the policy(ies) state(s) otherwise.

1. While the Insured is living, the Owner designated in this form has all rights and privileges in the policy that would have been available to the Insured in the absence of this provision. The designation of Owner by the Insured on this form is not an assignment of the policy(ies).
2. While the Insured is living, the Owner can change the beneficiary by written notice in form satisfactory to the Company.
3. While Insured is living, the Owner can elect or change an optional method of payment or settlement and designate or change one or more beneficiaries who will be the payee or payees under that option. After the death of the Insured, any beneficiary entitled to receive a payment in a single sum can elect an option and designate the payee or payees.

The person who elects an optional method of payment or settlement can designate, at the time of the election, one or more successor payees to receive any unpaid amount remaining with the Company at the death of a payee. This designation will automatically terminate any previous designation of a successor payee. When an optional method of payment or settlement is elected by a person other than a payee, the payee may not advance or assign payments, receive payment in a single sum, or make any other change, unless the person making the election has so directed in writing.

Only individuals who are to receive payments in their own behalf may be designated as payees or successor payees under an optional method of payment or settlement unless the Company agrees otherwise. The Company may require satisfactory proof of the age or continuing survival of any payee.

4. While the Insured is living, the Owner can designate a Successor Owner (Owner's Designee) by written notice in form satisfactory to the Company.
5. While the Insured is living, the Owner can assign this policy or any interest in it. The interest of the Owner, Beneficiary, or Successor Owner is subject to the interest of the assignee. An assignment is not a change of ownership, and an assignee cannot change the ownership or beneficiary, or elect or change an optional method of payment. Any policy proceeds payable to the assignee will be paid in a single sum. A copy of any assignment must be submitted to the Company. Any assignment is subject to any payment made or other action taken by the Company before recording the assignment. The Company is not responsible for the validity of any assignment.



This section to be completed by the New Owner – For Variable Products only:

Please Note: If more than one policy is transferring to you, as indicated on Page 3 of this Transfer of Ownership Request, please complete separate Investor Profile information for each policy number. Otherwise, the Investor Profile information below will be applicable to all policies referenced on page 3 for this Transfer of Ownership.

INVESTMENT PROFILE INFORMATION:

Policy Number _____

Occupation _____ Associated with FINRA Member Firm Yes No

Name of Firm if associated: _____

Address of firm if associated: _____

Marital Status: _____ Number of Dependents: _____

Annual Income from all sources including Spousal/Domestic Partner Income if applicable: _____

Liquid Net Worth (exclusive of residence/real estate). Include Net Worth of spouse/domestic partner, if applicable: _____

Current Tax Bracket: _____ 0 – 10 % _____ 16 – 28 % _____ Over 28 %.

Risk Tolerance: _____ Conservative _____ Moderately Conservative _____ Moderate _____ Moderately Aggressive _____ Aggressive

Investment Objective: _____ A. Income with Capital Preservation _____ D. Growth
_____ B. Income with Moderate Growth _____ E. Aggressive Growth
_____ C. Growth with Income

Risk Tolerance: This represents how willing you are to risk a potential decline in value for the potential of a higher return. These are Conservative, Moderately Conservative, Moderate, Moderately Aggressive and Aggressive and are shown below. Please see the Investment Objectives Description for further clarification.

- Conservative:** Associated with Investment Objective A *only*.
- Moderately Conservative:** Associated with Investment Objective A or B *only*.
- Moderate:** Associated with Investment Objective A, or B or C *only*.
- Moderately Aggressive:** Associated with Investment Objective A or B or C or D *only*.
- Aggressive:** Associated with Investment Objective A or B or C or D or E.

Plan Type: Type of policy or account you have with one of the New York Life Companies.

Policy / Account Number: The policy or account number associated with the plan.

Investment Objective: See page 7 for Investment Objective Descriptions.



Investment Objectives Descriptions

A. Income with Capital Preservation: For the investor who seeks investment stability and liquidity with a primary portfolio objective to preserve capital while providing income. Fluctuations in the values of portfolios of this type are usually minimal. This investment may represent any Risk Tolerance. No portion of the investment may be allocated to funds or investment divisions classified as high and/or highest risk if the investor has a Conservative Risk Tolerance. No more than 20% of the investment may be allocated to funds or investment divisions classified as high and/or highest risk for all other investors.

B. Income with Moderate Growth: For the investor who seeks current income and modest long-term growth, with a slightly higher risk tolerance than the investor in the capital preservation category. Primary portfolio objective is current income. Fluctuations in the values of portfolios of this type may occur from year to year. This investment may represent any Risk Tolerance, other than Conservative. No more than 30% of the investment may be allocated to funds or investment divisions classified as high and/or highest risk if the investor has a Moderately Conservative Risk Tolerance. No more than 40% of the investment may be allotted to funds or investment divisions classified as high and/or highest risk for all other investors.

C. Growth with Income: For the investor who seeks relatively stable long-term growth with a low level of income and has a moderate risk tolerance. Primary portfolio objective is to achieve steady long-term growth. Fluctuations in the values of portfolios of this type are usually less than those of the overall stock markets. This investment may represent a Moderate, Moderately Aggressive, or Aggressive Risk Tolerance. No more than 50% of the investment may be allocated to funds or investment divisions classified as high and/or highest risk if the investor has a Moderate Risk Tolerance. No more than 60% of the investment may be allocated to funds or investment divisions classified as high and/or highest risk for all other investors.

D. Growth: For the investor who seeks capital appreciation. Primary portfolio objective is above-average capital appreciation. Fluctuations in the values of portfolios of this type are usually the same as those of the overall stock markets. This investment may represent a Moderately Aggressive or Aggressive Risk tolerance. No more than 80% of the investment may be allocated to funds or investment divisions classified as high and/or highest risk.

E. Aggressive Growth: For the investor who seeks maximum capital appreciation. Primary portfolio objective is aggressive capital appreciation. Fluctuations in the values of portfolios of this type are substantial from year to year and are more than in the overall stock markets. This investment may represent an Aggressive Risk Tolerance only. Up to 100% of the investment can be allocated to funds or investment divisions classified as high and/or highest risk.

Change Requests for Scheduled Option(s) if the New Owner(s) Wishes to Make a Change:

You can obtain any of these forms through our Virtual Service Center at www.newyorklife.com/vsc or you may also contact your registered representative.

- For Automatic Asset Reallocation changes, please complete the Automatic Asset Reallocation Form 21412.
- For Dollar Cost Averaging changes, please complete the Dollar Cost Averaging Form 21576.
- For Dollar Cost Averaging Plus changes, please complete the Dollar Cost Averaging Plus Change Request Form 22592.
- For Interest Sweep changes, please complete the Interest Sweep Form 18487vul.
- For Periodic Partial Withdrawal changes, please complete the Periodic Partial Withdrawal/Partial Withdrawal Request Form 21575.
- For Expense Charge Allocation changes, please complete the Change of Premium/Expense Allocation and Funds Transfer Form 21130.



This section to be completed by the New Owner – For Variable Products only:

Trusted Contact Person

I/We expressly authorize NYLIFE Securities and its affiliates (collectively, "New York Life") to contact the Trusted Contact Person indicated below should New York Life reasonably believe that: (1) it would be helpful to do so in the connection with administering my/our contract/account; (2) the owner(s) is/are subject to a mental or physical impairment that renders the owner(s) unable to protect his/her/their own interest; or (3) that the owner(s) is/are subject to financial exploitation.

I/we understand that New York Life may provide the Trusted Contact Person with information about my/our contract/account and other securities, investment advisory and insurance products or accounts that I/we hold at New York Life, and may confirm current contact information, health status, and the identity of any legal guardian, executor, trustee or holder of a power of attorney. By providing the name of a Trusted Contact Person and signing this Investor/Client Profile below, I/We hereby expressly consent to the above types of communications with the Trusted Contact Person. I/We understand that I/We may at any time submit a request in writing that New York Life remove or change the Trusted Contact Person. I/We confirm that the Trusted Contact Person is over age 18.

___ I/We elect not to provide the name of a Trusted Contact Person.

Trusted Contact Information:

Name _____

Relationship _____

Daytime Phone Number _____

Evening Phone Number _____

Email _____

Street Address _____

City, State, and Zip Code _____

This section to be completed by the New Owner: - Certification and Signatures

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

I/We, the New Owner(s)(if a natural person), certify, understand and agree:

1. The provisions relating to Ownership and Transfer of Ownership on pages 1 through 9 of this form are made a part of the ownership designation and a part of the above numbered policy(ies).
2. All policy terms and conditions apply to the New Owner(s).
3. I/We acknowledge receiving a copy of all agreements related to the variable policy/life insurance.
4. I/We received a copy of NYL's privacy policy.
5. I/We also understand and agree with the selections made to continue or discontinue the Check-O-Matic, Beneficiary(ies) Designation, and Scheduled Option(s) as indicated on page 4.
 - The Beneficiary(ies) Designation will continue as is on all policies transferred and referenced on page 3 unless the Change of Beneficiary (21131), is submitted with this Transfer Of Ownership.
 - The Scheduled Option(s) that are checked on page 4 will be effective on all policies transferred and referenced. If an existing option is not checked, it will be discontinued. If I wish to change an option, the change request form(s), as detailed on page 7, is submitted with this Transfer Of Ownership/Designation of Successor Owner Request Form.

The Internal Revenue Service does not require your consent to any provision of this document other than the tax certifications made under penalties of perjury set forth on page 3 under "Taxpayer Identification Number and Backup Withholding Certifications."

Print Name of New Owner

Print Name of Additional New Owner, if required

X _____ / / _____
Signature(s) of New Owner Date

X _____ / / _____
Additional Signature, if required Date

Relationship to Insured

Relationship to Insured

() _____
Telephone Number of New Policyowner

() _____
Telephone Number of Additional Signer

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

Print Name of Officer

Officer's Title

Print Name of Officer

Officer's Title

X _____ / / _____
Signature of Officer Date

X _____ / / _____
Signature of Officer Date



Part II. Request to Name Successor Owner

This section to be completed by the New Owner

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

Note:

The New Owner should consider the desirability of naming a Successor Owner (Owner's Designee). A Successor Owner will become the Owner of the policy if the New Owner dies before the Insured. If no Successor Owner is named or if no Successor Owner survives the New Owner, and the New Owner dies before the Insured, the New Owner's estate becomes the Owner. If the New Owner wishes to name a Successor Owner, this Part II must be completed. (Where there is no Transfer of Ownership, use Form 21132-OD to designate a Successor Owner.) When the succession occurs, we will validate all necessary information of the Successor Owner.

Indicate number of policies to be changed: _____

Policy #(s) _____ on the life of _____ the Insured. _____

I designate the following as 1. *Successor Owner* and if applicable, 2. *Joint Successor Owner* (Full Name(s) & Relationship(s) **REQUIRED**)

Successor Owner Address (Street, City, State, and Zip Code **REQUIRED**) _____

I understand and agree that:

The Provisions relating to Designation of Successor Owner (Owner's Designee) are made a part of the Successor Owner designation and a part of the above numbered policy(ies). The Birth Date and Tax Identification Number of the indicated Successor Owner and if applicable, Joint Successor Owner are **REQUIRED** to complete your request.

Successor Owner (if other than Insured): Birth Date: _____ / _____ / _____ Tax Identification Number: _____

Joint Successor Owner (if other than Insured): Birth Date: _____ / _____ / _____ Tax Identification Number: _____

Print Name of New Owner

Print name of Additional New Owner, if required

X / _____ / _____ X / _____ / _____
Signature(s) of New Owner Date Additional Signature, if required Date

(_____) _____
Telephone Number of New Owner

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

Print Name of Officer

Officer's Title

Print Name of Officer

Officer's Title

X / _____ / _____ X / _____ / _____
Signature of Officer Date Signature of Officer Date





CHANGE OF BENEFICIARY REQUEST

For your convenience, beneficiary changes can also be processed online. Please visit www.newyorklife.com/vsc
 Online beneficiary changes are not available for all policies.

INSTRUCTIONS

- This form is used to change the beneficiary on 1) life insurance policies that cover a single insured or jointly cover two insureds and 2) annuity policies.
- If you want to change the beneficiary on a policy that has a separate rider covering an insured, including your spouse and/or children, or if you have a "Family" life insurance policy, please use the "Change of Beneficiary Request – Multiple Insureds" (Form # 21131-M).
- We recommend that you name a secondary beneficiary or indicate how proceeds should be distributed in the event that the primary beneficiary dies before the Insured/Annuitant or Annuity Policyowner.
- You can designate one or more beneficiaries, specify how big a share of benefits each should receive, or arrange for a series of beneficiaries – primary (1st), secondary (2nd), tertiary (3rd) and so on – to succeed one another if the prior one dies before the insured.
- For each "class" of beneficiaries, shares must add up to 100%. For example if you list one Primary Beneficiary, the Share would be 100%. If you list two Primary Beneficiaries, the shares could be 50% each or any percentages that add up to 100%. Specific dollar amounts are not allowed.
- To name a trust as a beneficiary, other than a Testamentary Trust, please also complete the "Statement of Trust" (Form # 20885). See page 5 for more information on Testamentary Trusts.
- Please read IMPORTANT INFORMATION and HOW DO BENEFICIARIES WORK? on pages 4 and 5 before completing this form.
- It is important to provide each Beneficiary's Social Security Number (SSN), Date of Birth, Address, and Phone Number. This information helps us locate beneficiaries and promptly pay claims.
- If all changes do not fit on this form, attach a page with your additional changes to the form. This page should include the policy number(s) affected as well as your signature and the date.

Policy Information

Policy Number(s)

Insured/Annuitant (first name, middle name, last name)

Other Insured - only for Survivorship plans (first name, middle name, last name)

Primary Beneficiary(ies)

Full Name (first name, middle name, last name) or Name of Trust/Corporation

Share %	Date of Birth / Date of Trust	SSN / Tax ID	Relationship to Insured(s) (if Life plan) or to the Policyowner (if Annuity plan)
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Address <input type="checkbox"/> Same as Policyowner	City	State	Zip Code	Phone
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Full Name (first name, middle name, last name) or Name of Trust/Corporation

Share %	Date of Birth / Date of Trust	SSN / Tax ID	Relationship to Insured(s) (if Life plan) or to the Policyowner (if Annuity plan)
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Address <input type="checkbox"/> Same as Policyowner	City	State	Zip Code	Phone
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Full Name (first name, middle name, last name) or Name of Trust/Corporation

Share %	Date of Birth / Date of Trust	SSN / Tax ID	Relationship to Insured(s) (if Life plan) or to the Policyowner (if Annuity plan)
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Address <input type="checkbox"/> Same as Policyowner	City	State	Zip Code	Phone
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Primary Beneficiary(ies)

Full Name (first name, middle name, last name) or Name of Trust/Corporation

Share %	Date of Birth / Date of Trust	SSN / Tax ID	Relationship to Insured(s) (if Life plan) or to the Policyowner (if Annuity plan)			
Address <input type="checkbox"/> Same as Policyowner		City	State	Zip Code	Phone	

Primary Beneficiary: Uniform Transfers to Minors Act (UTMA) or Uniform Gifts to Minors Act (UGMA)

- Only name one custodian per minor beneficiary.
- To designate a custodian for additional minor beneficiaries or to designate a successor custodian, attach a page including all details required below. This page should include the policy number(s) affected as well as your signature and the date.

Name of the Custodian (first, middle initial, last): Name only one custodian		as Custodian for	Name of Minor (first, middle initial, last)			
Relationship of minor to insured	under the	State where minor lives	Uniform Transfer (or Gifts) to Minors Act.	Minor's SSN	Minor's DOB	Share %
Custodian's Address		City	State	Zip Code	Phone	

Secondary Beneficiary(ies): In the event there are no surviving Primary Beneficiary(ies)*

Full Name (first name, middle name, last name) or Name of Trust/Corporation

Share %	Date of Birth / Date of Trust	SSN / Tax ID	Relationship to Insured(s) (if Life plan) or to the Policyowner (if Annuity plan)			
Address <input type="checkbox"/> Same as Policyowner		City	State	Zip Code	Phone	

Full Name (first name, middle name, last name) or Name of Trust/Corporation

Share %	Date of Birth / Date of Trust	SSN / Tax ID	Relationship to Insured(s) (if Life plan) or to the Policyowner (if Annuity plan)			
Address <input type="checkbox"/> Same as Policyowner		City	State	Zip Code	Phone	

Full Name (first name, middle name, last name) or Name of Trust/Corporation

Share %	Date of Birth / Date of Trust	SSN / Tax ID	Relationship to Insured(s) (if Life plan) or to the Policyowner (if Annuity plan)			
Address <input type="checkbox"/> Same as Policyowner		City	State	Zip Code	Phone	

Secondary Beneficiary: Uniform Transfers to Minors Act (UTMA) or Uniform Gifts to Minors Act (UGMA)

- Only name one custodian per minor beneficiary.
- To designate a custodian for additional minor beneficiaries or to designate a successor custodian, attach a page including all details required below. This page should include the policy number(s) affected as well as your signature and the date.

Name of the Custodian (first, middle initial, last): Name only one custodian		as Custodian for	Name of Minor (first, middle initial, last)			
Relationship of minor to insured	under the	State where minor lives	Uniform Transfer (or Gifts) to Minors Act.	Minor's SSN	Minor's DOB	Share %
Custodian's Address		City	State	Zip Code	Phone	

* Unless stated otherwise



Tertiary Beneficiary(ies): In the event there are no surviving Secondary Beneficiary(ies)*

Full Name (first name, middle name, last name) or Name of Trust/Corporation

Share %	Date of Birth / Date of Trust	SSN / Tax ID	Relationship to Insured(s) (if Life plan) or to the Policyowner (if Annuity plan)
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Address <input type="checkbox"/> Same as Policyowner	City	State	Zip Code	Phone
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Full Name (first name, middle name, last name) or Name of Trust/Corporation

Share %	Date of Birth / Date of Trust	SSN / Tax ID	Relationship to Insured(s) (if Life plan) or to the Policyowner (if Annuity plan)
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Address <input type="checkbox"/> Same as Policyowner	City	State	Zip Code	Phone
--	------	-------	----------	-------

Tertiary Beneficiary: Uniform Transfers to Minors Act (UTMA) or Uniform Gifts to Minors Act (UGMA)

- Only name one custodian per minor beneficiary.
- To designate a custodian for additional minor beneficiaries or to designate a successor custodian, attach a page including all details required below. This page should include the policy number(s) affected as well as your signature and the date.

Name of the Custodian (first, middle initial, last): Name only one custodian	as Custodian for	Name of Minor (first, middle initial, last)
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Relationship of minor to insured	under the	State where minor lives	Uniform Transfer (or Gifts) to Minors Act.	Minor's SSN	Minor's DOB	Share %
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Custodian's Address	City	State	Zip Code	Phone
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* Unless stated otherwise

- I have read and understand the "HOW DO BENEFICIARY DESIGNATIONS WORK" section and, if applicable, the "NOTICE REGARDING TESTAMENTARY TRUST UNDER LAST WILL AND TESTAMENT" on Page 5 of this form.
- Beneficiary changes to all life and variable annuity policies where the policyowner resides in MASSACHUSETTS require the signature of a witness below. The witness must be over the age of 18 and not the Insured, Annuitant, Policyowner or a Designated Beneficiary.
- All policyowners must sign this form in order to record the change of beneficiary.

PRINT NAME OF POLICYOWNER		PRINT NAME OF JOINT OWNER, IF REQUIRED
X	/ /	X
POLICYOWNER'S SIGNATURE	DATE	JOINT OWNER'S SIGNATURE, IF REQUIRED
()		X
POLICYOWNER'S TELEPHONE NUMBER		WITNESS / ADDITIONAL SIGNATURE, IF REQUIRED
		DATE
<i>If the indicated policy is corporate owned, two Officers' Signatures must be provided as well as their respective titles.</i>		
X	/ /	X
OFFICER'S SIGNATURE	DATE	OFFICER'S SIGNATURE
OFFICER'S TITLE		OFFICER'S TITLE
		DATE

WHERE TO SEND THIS FORM

For Variable Life and Variable Annuity policies, return form to: **New York Life, Variable Products Service Center
Madison Square Station, PO Box 922, New York, NY 10159**

For all other policies, return form to: **New York Life, Dallas Service Center
PO Box 130539, Dallas, TX 75313-0539**



IMPORTANT INFORMATION

- If all changes do not fit on this form, attach a page with your additional changes to the form. This page should include the policy number(s) affected as well as your signature and the date.
- Unless specified otherwise, this change in beneficiary will be effective for all coverage in your name under this policy.
- The beneficiary's Social Security Number and Date of Birth will only be used if we cannot locate the beneficiary using any other manner. In the event of a discrepancy, the beneficiary's name and relationship will take precedence over the Social Security Number and Date of Birth provided.
- **Do not** use this form if policy proceeds are to be paid under an optional method of payment or settlement. Contact your agent or one of our customer service representatives for details.
- **Do not** use this form to change the beneficiary designation of any Joint Life or Dualife life insurance policies. Please contact us at (800) 695-4331, and we will be happy to prepare the appropriate form for these cases.
- If you have an Asset Allocation Whole Life product, the word "policy(ies)" refers to "certificate(s)".

EXAMPLES OF BENEFICIARY DESIGNATIONS

Below are several examples of common beneficiary designations that may be helpful as you complete this form. These examples are for illustration purposes only.

People (No Shares Specified)

- **One Primary Beneficiary**
Mary A. Smith, wife
- **Multiple Primary Beneficiaries**
John B. Smith, father

Elizabeth F. Smith, mother
- **Multiple Primary Beneficiaries – Biological Children with Current Spouse**
Children born of the marriage to Mary A. Smith
- **One Primary, One Secondary, and One Tertiary Beneficiary**
Primary: Mary A. Smith, wife
Secondary: Joan D. Smith, daughter
Tertiary: Elizabeth F. Smith, mother
- **One Primary Beneficiary and Multiple Secondary Beneficiaries**
Primary: Mary A. Smith, wife
Secondary: Children born of the marriage to Mary A. Smith
- **One Primary Beneficiary and Multiple Secondary Beneficiaries where the interest of any deceased Secondary Beneficiary is to pass to his or her children, if any, and if no such children, to the surviving Secondary Beneficiaries. This type of designation is also known as per stirpes:**
Primary: James B. Smith, husband
Secondary: John B. Smith and Eileen H. Smith, children.
Any interest which a deceased secondary beneficiary would, if living, have had in policy proceeds shall be shared equally by any living children of that beneficiary.

People (Shares Specified)

- **Multiple Primary Beneficiaries and Multiple Secondary Beneficiaries**
Primary: Mary A. Smith, wife, 50%
Joan D. Smith, daughter, 25%

Secondary: Michael T. Smith, son, 25%
John B. Smith, father, 75%
Elizabeth F. Smith, mother, 25%

Estates

- **Primary Beneficiary – For Life Policies**
The Insured's Estate
- **Primary Beneficiary – For Annuity Policies**
The Policyowner's Estate or The Annuitant's Estate in accordance with the policy

Trusts

- **Primary Beneficiary – Trustee of a Living Trust**
John Smith, as Trustee under Trust ABC Dated _____

To name a trust other than a Testamentary Trust as a beneficiary, please also complete the "STATEMENT OF TRUST" form (# 20885).
- **Primary Beneficiary: Testamentary Trust under last will and testament of the Insured/Annuitant**
Testamentary Trust under last will and testament of Mary A. Smith
Please review "**Naming a Testamentary Trust as Beneficiary – Things to Consider**" on Page 5.



HOW DO BENEFICIARY DESIGNATIONS WORK?

Unless otherwise provided in the policy, or in the beneficiary designation section of this form, the following provisions shall apply:

The words *we*, *us* or *our* refer to New York Life Insurance Company and its affiliated companies.

What are beneficiary classes, and what do they mean?

- A beneficiary or group of beneficiaries may be classed as primary, secondary, and so on. If two or more beneficiaries are named in a class, their shares in any amount payable may be stated. Unless shares are otherwise stated, surviving beneficiaries in the same class will have an equal share in the proceeds, or in any periodic income payments payable from these proceeds. Unless designated otherwise, all life insurance or annuity death benefit proceeds will be paid to surviving primary beneficiaries. If no primary beneficiaries survive, payment will be made to surviving secondary beneficiaries, and so on.

What happens if there are no surviving beneficiaries?

- If no beneficiary for any life insurance or other death benefit proceeds survives, the right to those proceeds will pass to the Policyowner. If the Policyowner was the Insured/Annuitant, the right to those proceeds will pass to the Policyowner's estate. If any beneficiary dies at the same time as the Insured/Annuitant or Policyowner or if the policy so provides, within 15 days after such date, but before proof of the Insured's/Annuitant's or Policyowner's death is received by us, the proceeds will be paid as though that beneficiary died first.
- Simultaneous Death: If any beneficiary dies (1) at the same time as the person whose death triggers the payment of death benefits (the Insured, Annuitant or Annuity Policyowner as applicable), or (2) if the policy so provides, within 15 days after such death but before we receive proof of the Insured's, Annuitant's or Annuity Policyowner's death, the proceeds will be paid as though that beneficiary died first. Please consult your policy for additional details.

How can a beneficiary be changed?

- The person having the right to change a beneficiary can do so while the Insured or Annuitant is living by using this signed notice and furnishing the necessary information to us. When we record the change, it will take effect as stated in your policy, subject to any payment made or other action taken by us before recording it. This change of beneficiary will revoke any existing beneficiary designation.

What special provisions apply to Deferred Annuities?

- If the Policyowner's spouse is named the sole primary beneficiary and the Policyowner dies, the policy may be continued with the surviving spouse as the new owner, if so provided in the policy. If the Policyowner was also the Annuitant, the surviving spouse will also become the new Annuitant. If the surviving spouse chooses to continue the policy, no death benefit will be paid as a consequence of the death of the first spouse to die.

NOTICE REGARDING TESTAMENTARY TRUST UNDER LAST WILL AND TESTAMENT

The following is **understood and agreed** when naming, as the beneficiary of a policy issued by us, a Testamentary Trust under a specified decedent's (Insured/Annuitant/Policyowner) Last Will and Testament

If the decedent dies with a Last Will and Testament, and (1) it does not create a Trust and name a Trustee, or (2) within 12 months (18 months in Mississippi, New York, and Texas; 6 months in Florida and North Carolina) after the decedent's death, no court proceeding has been started to probate the Last Will and Testament or no Trustee qualifies and claims the proceeds, then the proceeds shall be paid to the named secondary beneficiary. If the named secondary beneficiary is not living, and no further beneficiary is named, then payment shall be made to the Policyowner. If the Policyowner was the Insured/Annuitant, the right to those proceeds will pass to the Policyowner's estate.

If the decedent dies intestate (without a Last Will and Testament), then the proceeds shall be paid to the named secondary beneficiary. If the named Secondary Beneficiary is not living, and no further beneficiary is named, then payment shall be made to the Policyowner. If the Policyowner was the Insured/Annuitant, the right to those proceeds will pass to the Policyowner's estate.

We are not obligated to inquire about the terms of any Trust affecting this policy or its proceeds and shall not be held responsible for knowing the terms of any such Trust.

Payment to and receipt by said Trustee(s) or any successor Trustee(s), or payment to and receipt by the secondary beneficiary or Policyowner's estate shall constitute as **full discharge and releases** us to the extent of such payment. The full discharge and release of our obligation for payment applies to all persons and fiduciaries having any interest in such proceeds.





NEW YORK LIFE INSURANCE COMPANY
 NEW YORK LIFE INSURANCE AND ANNUITY CORPORATION (A Delaware Corporation)
 51 Madison Avenue New York, NY 10010
 NYLIFE INSURANCE COMPANY OF ARIZONA (Not licensed in every state)
 4343 North Scottsdale Road, Suite 220, Scottsdale, AZ 85251

CHECK-O-MATIC (C-O-M) REQUEST FORM

SEE INSTRUCTIONS BELOW AND KEEP A COPY OF ENTIRE FORM FOR YOUR RECORDS:

- 1) Complete this form when:
 - a) you are authorizing the establishment of a new C-O-M arrangement and/or One Time Electronic Funds Transfer (EFT) initial payment, adding a policy to a multiple arrangement or creating a new multiple arrangement, or
 - b) you are authorizing the establishment of, or changing the amount of, an OPP (Option to Purchase Paid-Up Additions) C-O-M arrangement, or
 - c) you are changing from a savings account to a checking account, or from a checking account to a savings account, or
 - d) you are changing financial organizations, branches or accounts.
 - e) you are authorizing New York Life to make an One Time Electronic Funds (EFT) refund to the named accounts,
- 2) **C-O-M – Premium payments will be drawn in one of the following ways:**
 - **Single Policy Draft** - One premium draft per policy, drawn on the premium due date.
 - **Multiple Policy Draft*** - One premium draft, for two or more policies, issued by the same company (New York Life Insurance Company or New York Life Insurance and Annuity Corporation or NYLIFE Insurance Company of Arizona) drawn on the 15th of the month. If at least two policies are not issued by the same company, then the Single Policy Draft option must be used.

***The Multiple Policy draft is not available for Employee Adjustable Life, Seven Year Term, Annuities, or Variable Products.**
- 3) Select the single or multiple draft column on page 2 as applicable, based on the instructions above.
- 4) **OPP – (Minimum \$10); drawn on the due date of each policy.**
C-O-M OPP Payments are not available on a Multiple Policy draft.
- 5) If you, as the policyowner or depositor (if the policyowner is not the depositor), wish to **terminate or change** the Check-O-Matic arrangement, you must notify us **at least 10 days prior** to your withdrawal date.
- 6) Complete all applicable information in the space provided on page 2. **Always print** the name of the (Proposed) Insured/Annuitant and the policy number. If other policies exist on this arrangement, *agents please provide the case reference number or policy number(s).*
- 7) **The 3rd party payor information section must be completed if the Depositor on the account being used is not the Policyowner.** All data is required, including the social security number or tax identification number of the 3rd party payor.
- 8) **Signature Requirements:** The Depositor(s) signature(s) as shown on the Financial Organization’s records needs to be completed on page 3. If the Policyowner is not the Depositor, the Policyowner **MUST** also sign this form. If the following are Depositors or Policyowners, please be aware of the required signatures needed in each situation.
 - a) Corporation as Depositor and/or Owner: This request must be signed on behalf of the corporation by two Corporate Officers (President, Vice President, Secretary or Treasurer), with their titles.
 - b) Partnership as Depositor and/or Owner: This request must be signed by two partners, with their titles as partner, other than the Insured. In the case of a limited partnership, we will require only the signature of a general partner, with the title of general partner.
 - c) Multiple Policyowners: This request must be signed by all policyowners.
 - d) Trust as Depositor and/or Owner: This request must be signed by all trustees under the trust.
 - e) Sole Proprietor: This request must be signed by the sole proprietor. Please check the box on page 3.

RETURN FORM TO:

For Variable Life and Variable Annuity policies:

**New YorkLife, 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 6016, 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.



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Check-O-Matic Set up Information

Name of Insured/Annuitant	Policy Number(s)	Single Draft	Multiple Draft	C-O-M Premium	C-O-M OPP Premium	If Adding To An Inforce C-O-M, Give Case Ref # or Pol #(s)

If more space is needed for additional policies, please enter the information on a separate piece of paper and attach it to this form. All of the information requested above must be supplied on the separate attachment for the additional policies.

Electronic Funds Transfer (EFT)

Check here if this information is for the initial premium payment. This initial payment will be processed on or after the date the form is signed.

Bank Account Information (Required for COM Set up and/or EFT)

To have your payment(s) withdrawn directly from your bank account, via Monthly Check-O-Matic and/or a one time Electronic Funds Transfer (EFT), please provide the following information or attach a VOID check/deposit slip with the following information.

IMPORTANT: Please print all information clearly.

Bank Account Type: Checking Savings

Name of Financial Institution _____

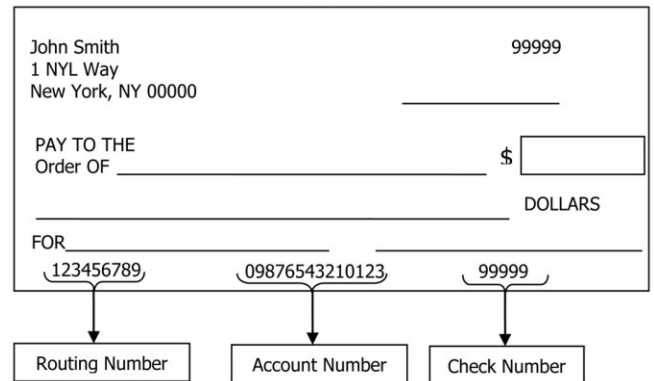
City/State of Branch _____

Name on Bank Account _____

Address on Bank Account _____

Bank Routing Number (All Bank Routing numbers must have nine numeric characters) _____

Bank Account Number _____



3rd PARTY PAYOR INFORMATION:

If the Accountholder's Name(s) above is anyone other than the designated Policyowner of the policy, the information below must be completed. **If this information is not provided, your request for the Check-O-Matic premium payment option cannot be processed.**

Social Security Number/Tax ID Number: _____ Date of Birth (if a Natural Person): _____

Address (Street, City, State, and Zip Code REQUIRED. **P.O. Box not acceptable**): _____

Relationship to Policyowner: _____

POLICYOWNER INFORMATION:

Phone Number: **Home** () _____ **Business/Cell** () _____

HAS YOUR ADDRESS CHANGED? Please provide your new address here.

New Address (Street, City, State, and Zip Code): _____



TERMS FOR CHECK-O-MATIC ARRANGEMENTS

1. New York Life Insurance Company and/or New York Life Insurance and Annuity Corporation and/or NYLIFE Insurance Company of Arizona, each will, as applicable, direct the transfer of funds from the account you have designated. Each company will withdraw premiums separately. This transfer will be used to pay premiums on the policy(s) and/or monthly Option to Purchase Paid-up Additions (OPP) premiums as indicated. This will be done each month under a regular schedule established by us. We will not send premium notices while this arrangement(s) is in effect.
2. The arrangement(s) does not change the premium due dates specified in the policy and it does not extend any of the grace or late periods for paying these premiums. The policy(s) will lapse at the end of the grace or late period if the premium remains unpaid.
3. This arrangement will automatically terminate when the policy lapses, matures or otherwise terminates. Please note that after two consecutive returns, your C-O-M arrangement may be automatically terminated.
4. For life products issued by New York Life Insurance Company or NYLIFE Insurance Company of Arizona, the total amount of your annual premium will be greater using C-O-M than if you paid your premium once each year.
5. Any policy included in an arrangement(s) is subject to our minimum and maximum premium and OPP premium rules.
6. For in-force policies the arrangement(s) will apply to the specified policies and will cover all future premiums and any current premiums that have not yet been paid.
7. If you have policies under C-O-M that are issued by more than one company (New York Life Insurance Company and/or New York Life Insurance and Annuity Corporation and/or NYLIFE Insurance Company of Arizona), you will see separate debits on your banking statement each month.
8. If C-O-M premium payments are being paid by a 3rd party payor for non-variable policies, a confirmation letter will be mailed to the 3rd party payor. Any other correspondence sent by New York Life regarding a C-O-M arrangement for both variable and non-variable policies will be mailed to the policyowner of record, and, generally, not to the 3rd party payor. It is the policyowner's responsibility to advise the 3rd party payor of any changes made to the arrangement. However, a 3rd party payor may receive correspondence if the policyowner, under a separate notification, has requested that we establish the 3rd party payor as a courtesy copy recipient in our records.

DEPOSITOR(S) AUTHORIZATION:

I understand that I may discontinue this payment arrangement by notifying the Insurer. The Owner of each policy may discontinue it for his or her own policy. The arrangement ends on the day the Insurer receives the notice. By initialing below I/We authorize New York Life Insurance Company or one of its subsidiaries (collectively, "New York Life") to make monthly Check-O-Matic withdrawals and/or a One Time EFT withdrawal from the account named above. I/We also authorize New York Life to make One Time EFT Refunds to the named account. I/We also authorize the Financial Institution named above to debit and/or credit my/our account accordingly:

DEPOSITOR(S) SIGNATURE(S) as shown on Financial Organization's records or other Authorized Signature. If this is a corporate account, we require the signature and title of two corporate officers.

Please check this box if the Depositor or Policyowner is a sole proprietor.

	X			
Name of Depositor (Print)		Depositor Signature	Title of Officer, if applicable	Date

	X			
Name of Depositor (Print)		Depositor Signature	Title of Officer, if applicable	Date

POLICYOWNER(S) SIGNATURE(S): If the Policyowner is not the depositor, the Policyowner **MUST** sign below.

	X			
Name of Policyowner (Print)		Policyowner Signature	Title of Officer, if applicable	Date

	X			
Name of Policyowner (Print)		Policyowner Signature	Title of Officer, if applicable	Date

