

# My payment preferences

## STEP 1 Tell us your contact information.

Owner name					
Mobile phone			Email		
Address					
STREET		APT.	CITY	STATE	ZIP

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

My policy numbers	Premium amount	Option to purchase paid-up additions (\$10 minimum, \$5 for Employee Whole Life)
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$

**We're here to help.**  
 If you need assistance completing this form, please contact us at **(800) 695-9873**, visit [newyorklife.com](http://newyorklife.com), or contact your agent.

## STEP 3 Select your draft date.

### For Whole Life, Term, and Universal Life insurance policies:

- Withdraw all premiums as individual transactions each month on the policy due date.
- Withdraw all premiums as one lump sum transaction on the 15<sup>TH</sup> of each month.

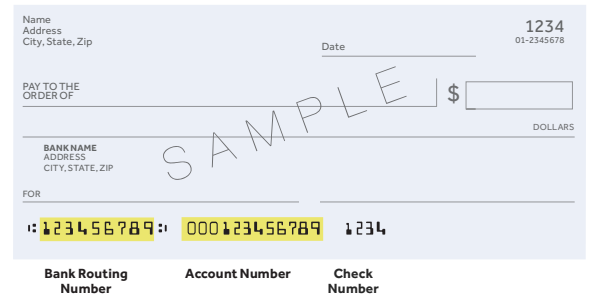
### For Variable Universal Life insurance policies and all Annuity policies:

- Withdraw all premiums as individual transactions each month on the policy due date.
- Select a draft date to withdraw all premiums as individual transactions. You can select any date from the **1st of the month to the 28th of the month.**

Draft date \_\_\_\_\_  
PLEASE INDICATE DAY OF THE MONTH

## STEP 4A Tell us what **bank account** you'd like to use.

Routing number	<input type="text"/>
Bank name	
Account number	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Name of account holder	



## STEP 4B Please **only** complete if the bank account holder named above (the payer) is **not** the policy owner.

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

Social Security or Tax ID number	Date of birth MONTH / DAY / YEAR	Relationship to policy owner
Address No PO boxes please		
STREET	APT.	CITY STATE ZIP



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## STEP 5A Read and sign.

By signing, I/We authorize New York Life Insurance Company, New York Life Insurance and Annuity Corporation and NYLIFE Insurance Company of Arizona (collectively, "New York Life") to pay policy premiums and/or purchase paid-up additions by withdrawing them from the account listed in Step 4A above and to make refunds to that account. I/We also authorize the bank associated with that account to debit and/or credit that account accordingly.

I/We understand that the withdrawals will normally be debited monthly on a regular schedule established by New York Life. This arrangement does not change the premium due date specified in the policy and will not extend any applicable grace or late periods for premium payment; the policy will lapse at the end of any applicable grace or late periods if the premium remains unpaid; and premium notices will not be sent while this arrangement is in effect.

I/We also understand that the policy owner or the bank account holder may terminate or modify this arrangement at any time by notifying New York Life at least 10 days prior to the withdrawal date. Such notifications must be made by calling New York Life, or sending a signed and dated request to the address on this form.

Your signature(s) confirm(s) that you have read all the information on this form and that the information you have provided is correct.

Policy owner signature (Required)	Name (Print)	Title (if applicable)	Date
Policy owner signature (Required)	Name (Print)	Title (if applicable)	Date

## STEP 5B Please **only** complete if you are a designated payer.

If the owner or payer is a corporation, trust, or partnership, please provide signatures of two corporate officers, required trustees, or two partners other than the insured. Titles are required.

**Payer type** If you are one of these designated payer types please check the appropriate box and sign below.  Individual  Corporation  Trust  Partnership  Sole-proprietor

Bank account owner signature (Required if other than the policy owner)	Name (Print)	Title (if applicable)	Date
Bank account owner signature (Required if other than the policy owner)	Name (Print)	Title (if applicable)	Date

## STEP 6 Done! Send us your completed form.

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

By mail: **New York Life, PO Box 130539, Dallas, TX 75313-0539**

By fax: **(800) 278-4117**

In person: You can drop off this completed form at a New York Life office near you.

If you have additional instructions or comments, tell us below. We'll reach out to you if we need more information.

