



# Certificate of Deposit/Mutual Fund Redemption and Transfer Form

For Non-Qualified Policies Only

This form certifies that New York Life Insurance and Annuity Corporation (NYLIAC) has received or will receive a New York Life Annuity application from the policy owner(s) for a "Non-Qualified" plan in accordance with IRS Regulations. We are prepared to accept the transfer of funds from the below referenced account(s) in accordance with the instructions from the policy owner. To institute the transfer of funds to NYLIAC, complete this form, so we may initiate the transfer from your present financial institution. **Before completing this form, you should contact the present financial institution to determine if they have any special requirements/paperwork for liquidation.**

Present Financial Institution Information  Mutual Fund  Bank

Name of Financial Institution _____		Account Owner _____	Joint Owner (if applicable) _____
Mailing Street Address _____		Owner's SSN/TIN _____	Joint Owner's SSN/TIN (if applicable) _____
City _____	State _____	Zip Code _____	Phone Number _____

### Check the appropriate boxes

**(A) Liquidate Certificate/Account Number:** \_\_\_\_\_

Full  Partial (if permitted) indicate : \$ \_\_\_\_\_ or \_\_\_\_\_

Dollar Amount

Number of Shares

(For Certificate of Deposit Transfers only)  Immediately  Before Maturity of \_\_\_\_\_  After Maturity of \_\_\_\_\_

MM/DD/YYYY

MM/DD/YYYY

**(B) Liquidate Certificate/Account Number:** \_\_\_\_\_

Full  Partial (if permitted) indicate : \$ \_\_\_\_\_ or \_\_\_\_\_

Dollar Amount

Number of Shares

(For Certificate of Deposit Transfers only)  Immediately  Before Maturity of \_\_\_\_\_  After Maturity of \_\_\_\_\_

MM/DD/YYYY

MM/DD/YYYY

The proceeds will be applied to:

New Annuity Policy  Existing Annuity Policy Number (indicate policy number): \_\_\_\_\_

### I understand that:

1. There may be a surrender charge or early withdrawal fee on the account, which I am liquidating.
2. I may incur capital gains on any profit from the mutual fund liquidation, thus reducing my invested capital to the extent of any applicable taxes.
3. As a result of the exchange, all earnings will accrue on a tax-deferred basis. If I am under age 59½ and access the account, I may incur an additional 10% IRA imposed penalty on any earnings taken in a distribution from a deferred annuity.
4. The annuity applied for is not backed by any bank or insured by the FDIC.

### AUTHORIZATION

I/We hereby name NYLIAC, through its duly authorized officers, as lawful agent and attorney-in-fact for me/us for the purpose of transferring the above referenced funds to NYLIAC. Once transferred these funds will be applied to an annuity policy issued to me/us. Revocation or modification of this authorization is possible only by written notice signed by me/us. Such notice must be received by NYLIAC and the appropriate company prior to the maturity date or redemption date in order to effectively revoke or modify this authorization.

**X** \_\_\_\_\_  
Owner's Signature

**X** \_\_\_\_\_  
Joint Owner's Signature (if applicable)

\_\_\_\_\_ Date MM/DD/YYYY

Signature(s) Guaranteed for mutual fund transfers:  <b>X</b>  (Stamp and Signature)
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### Acceptance

NYLIAC will accept any and all funds that discharge the obligation listed above. When we receive the check, we will (a) issue the new policy, provided that the amount and the proposed owner and annuitant's/owner's age meet our policy issuance rules or (b) apply the proceeds to the above numbered policy, provided that the amount meets our additional premium rules. If not, we will return the current policy proceeds to the Financial Institution.

Simon Walsh – Vice President Authorized NYLIAC Officer	_____ New Annuity Policy Number	_____ Date MM/DD/YYYY
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### To the Transferring Financial Institution

As the issuer, trustee, or custodian of the current policy or account, you are authorized and directed to transfer the amount specified above.

Please remit a check made payable to: **NYLIAC, FBO: Owner(s) Name, New Policy Number**

**Regular Mailing Address: NYL Annuities - TPD, Mail Code 7390, PO Box 7247, Philadelphia, PA 19170-7390**

**Overnight Mailing Address: NYL Annuities - TPD, 400 White Clay Center Drive, Attn: LOCKBOX # 7390, Newark, DE 19711**

Annuities are issued by New York Life Insurance and Annuity Corporation ("NYLIAC"), a Delaware Corporation. NYLIAC is a wholly owned subsidiary of New York Life Insurance Company.