



# Ownership/Beneficiary Change Form For New York Life Annuities

**Online:** www.newyorklifeannuities.com    **Phone:** (800) 762-6212    **Fax:** (508) 599-6109 Attn: NYL Annuities

Fill in your policy details below and complete the section(s) that applies to the changes you would like to make.

Ownership, Sections 1 and 5       Beneficiary, Sections 2 and 5       Additional Information, Section 4

Policy number(s)	Email Address	Date of Birth (mm/dd/yyyy)
Owner (first, middle initial, last)	Social Security or Tax ID number	Telephone number (      )
Owner Mailing Address	City	State      Zip Code
Joint Owner, if any (first, middle initial, last)	Social Security or Tax ID number	Telephone number (      )

## 1. OWNERSHIP CHANGE

An ownership change may have tax implications. If the new owner is a non U.S. citizen, a completed W-8 or W-9 is required. If the new owner is a Resident Alien, please send a copy of Green Card. For more information, contact your tax adviser.

If changing the ownership to a Trust, please provide a copy of Trust Agreement, including the title page, signature page, and any applicable trustee designation pages and amendments to the Trust. A completed W-8 or W-9 is required.

If changing ownership to a Corporation, please provide a copy of the Corporate Resolution. 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.

**Note:** For annuity products, a change of ownership may create a taxable event. A transfer of ownership to a "non-individual" such as a corporation, partnership or trust may result in a loss of tax deferred status.

The existing Beneficiary(ies) Designation on the Company's records will continue as is unless a new Beneficiary(ies) Designation is requested by the New Owner(s). To request a new Beneficiary(ies) Designation, please see Section 2.

**An ownership change terminates all scheduled activities. In order to set up new scheduled activities, please fill out the appropriate form(s).**

### IMPORTANT INFORMATION ABOUT PROCEDURES FOR OWNERSHIP CHANGE

Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you change policy ownership, we will ask for the new owner's name, address, date of birth, and other information that will allow us to identify the new owner. We may also ask to see the new owner's driver's license or other identifying documents.

New Owner				
Name	First	Middle	Last	
Relationship to Annuitant <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Other:		Social Security or Tax ID number	Date of Birth (mm/dd/yyyy)	<input type="checkbox"/> Male <input type="checkbox"/> Female
Country of Citizenship <input type="checkbox"/> U.S. <input type="checkbox"/> Other, Country Name:		If you check "Other" under Country of Citizenship, are you a U.S. Resident Alien? <input type="checkbox"/> Yes <input type="checkbox"/> No		Telephone number (      )
If mailing address is different than residential address or a P.O. Box, please provide residential address.				
Mailing Address	Street or P.O. Box	City	State	Zip Code
Residential Address	Street (P.O. Box not acceptable)	City	State	Zip Code
New Joint Owner				
Name	First	Middle	Last	
Relationship to Owner <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Other:		Social Security or Tax ID number	Date of Birth (mm/dd/yyyy)	<input type="checkbox"/> Male <input type="checkbox"/> Female
Country of Citizenship <input type="checkbox"/> U.S. <input type="checkbox"/> Other, Country Name:		If you check "Other" under Country of Citizenship, are you a U.S. Resident Alien? <input type="checkbox"/> Yes <input type="checkbox"/> No		Telephone number (      )
If mailing address is different than residential address or a P.O. Box, please provide residential address.				
Mailing Address	Street or P.O. Box	City	State	Zip Code
Residential Address	Street (P.O. Box not acceptable)	City	State	Zip Code

**The current Owner(s) and the New Owner(s) must sign and complete Section 4.**

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. Variable Annuities offered through properly licensed registered representatives of a third party registered broker dealer.

## 2. BENEFICIARY CHANGE

The beneficiaries named here will replace all previous beneficiaries for the requested class. A percentage for each named individual is required. New York Life will pay equal percentages to the named beneficiaries if no percentage is provided. If naming a Trust as the beneficiary, please provide those pages of the Trust that show the name of the Trust, the Trust date, and the name(s) and the signature of the Trustees. **Percentages must total 100%.**

<input type="checkbox"/> <b>Surviving Owner or Surviving Spouse Under Joint Spousal Ownership (For Non-Qualified plan only)</b> (if you select this option, complete below only for Contingent Beneficiaries)			
<input type="checkbox"/> <b>PRIMARY</b> or <input type="checkbox"/> <b>CONTINGENT BENEFICIARY</b> Full Name/Entity Name	Social Security or Tax ID Number	Relationship to Owner	Percentage  %
	Telephone	Date of Birth (mm/dd/yyyy)	
Address:	Street	City	State Zip Code
<input type="checkbox"/> <b>PRIMARY</b> or <input type="checkbox"/> <b>CONTINGENT BENEFICIARY</b> Full Name/Entity Name	Social Security or Tax ID Number	Relationship to Owner	Percentage  %
	Telephone	Date of Birth (mm/dd/yyyy)	
Address:	Street	City	State Zip Code
<input type="checkbox"/> <b>PRIMARY</b> or <input type="checkbox"/> <b>CONTINGENT BENEFICIARY</b> Full Name/Entity Name	Social Security or Tax ID Number	Relationship to Owner	Percentage  %
	Telephone	Date of Birth (mm/dd/yyyy)	
Address:	Street	City	State Zip Code
<input type="checkbox"/> <b>PRIMARY</b> or <input type="checkbox"/> <b>CONTINGENT BENEFICIARY</b> Full Name/Entity Name	Social Security or Tax ID Number	Relationship to Owner	Percentage  %
	Telephone	Date of Birth (mm/dd/yyyy)	
Address:	Street	City	State Zip Code

Please also complete Section 4.

## 3. ADDITIONAL INFORMATION

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## 4. REQUIRED SIGNATURES

Your signature confirms that all information on this form is correct. You are aware an ownership change may have tax implications. Please consult with your tax adviser.



Owner's Signature

Date



Joint Owner's Signature

Date

### **Owner Tax Certification:**

**Under penalties of perjury, I certify that: (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 Foreign Account Tax Compliance Act (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. policy, 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 IRS Form W-8 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.**



New Owner's Signature

Date



New Joint Owner's Signature

Date

Submit your completed form to:

#### **Regular Mail:**

NYL Annuity Service Center  
PO Box 9859  
Providence, RI 02940

#### **Overnight/Express Mail:**

New York Life  
c/o BNY Mellon  
4400 Computer Drive  
Westborough, MA 01581