



STATEMENT OF TRUST

Instructions:

- Complete this form for Trust-owned Annuity policies.
- All Trustee(s) must sign where indicated on Page 3 of this Statement of Trust form.
- New York Life Insurance and Annuity Corporation (NYLIAC) reserves the right to require a copy of the complete Trust document.

Complete items 1-10 before proceeding

1. Trust Name: _____
2. Trust Tax ID: _____
3. Annuitant(s) Name: _____
4. Annuitant(s) Tax ID: _____
5. Trust Date: _____
6. I/We affirm that the Trust Agreement was created by _____
as Grantor/Settlor/Trustor.
7. State/Jurisdiction where Trust Established: _____
8. Name(s) of all Trustee(s): _____

9. Authority of Trustee(s):
(If left unanswered, this will default to “May not act independently”)
 May act independently – The Trust permits each Trustee to act individually, independently, and without the consent of any other Trustees or individual(s) authorized to act on behalf of the Trust
 May not act independently – The Trust provides that all Trustees must act together on behalf of the Trust. (Signatures of all Trustees are required on all documents)
10. Name(s) of Successor Trustee(s) (if applicable): _____

Please read this page and secure required signatures below

STATEMENT REGARDING TRUST AS POLICY BENEFICIARY

Where the Trust is named as a beneficiary on an annuity policy, NYLIAC may require proof that the Trust remains in effect prior to paying any death benefit. NYLIAC will only remit payment to the Trust as beneficiary, and not to beneficiaries identified in the Trust document. The policy owner possesses all rights of ownership of each policy, including the right to change the beneficiary designation at any time, notwithstanding any provision to the contrary in the Trust document. NYLIAC shall have no liability after it pays the proceeds for each policy, as set forth in this Statement. The interest of the Trust in any policy shall be subject to any assignment of that policy made before or after the date of this Statement.

I/We, the Trustee(s), have reviewed and hereby affirm that the beneficiary designation for the policy being purchased or changed is fully consistent with the terms and provisions of the Trust document created by the Grantor/Settler/Trustor and dated as described on Page 1 hereof.

STATEMENT REGARDING TRUST AS OWNER

I/We, the Trustee(s), hereby affirm that the Trust document described on Page 1 hereof authorizes the undersigned to pay all policy premiums and imposes no limitations on the rights of the Trust as owner of the annuity policies.

TRUST TAX CERTIFICATION

The tax certification provided below does not apply if the Trust is not a U.S. Person and has otherwise completed and submitted an applicable IRS Form W-8.

Under penalties of perjury, I/We 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 or cross out item 2 above if the IRS has notified the trust that it is 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.

TRUSTEE SIGNATURE(S)

- | | | | |
|----|---|--|----------------------------|
| 1. | <u>X</u> _____
Print Trustee Name | <u>X</u> _____
Trustee signature | ____ / ____ / ____
Date |
| 2. | <u>X</u> _____
Print Trustee Name, if required | <u>X</u> _____
Trustee signature, if required | ____ / ____ / ____
Date |
| 3. | <u>X</u> _____
Print Trustee Name, if required | <u>X</u> _____
Trustee signature, if required | ____ / ____ / ____
Date |
| 4. | <u>X</u> _____
Print Trustee Name, if required | <u>X</u> _____
Trustee signature, if required | ____ / ____ / ____
Date |

Send your completed form to:

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

Overnight/Express Mail: NYL Annuities - TPD, 400 White Clay Center Drive, Attn: LOCKBOX # 7390, Newark, DE 19711

Fax: Attn: NYL Annuity Service Center, (302) 781-1780
