

New York Life IndexFlex Variable Annuity - FP Series

Application Kit - New York

IF-NOCAPP-524NY



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.

ANNUITIES	Not FDIC/NCUA Insured	Not a Deposit	May Lose Value	Have No Bank Guarantee	Not Insured by Any Government Agency
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INSTRUCTIONS

1. ANNUITY POLICY TYPE

Choose **ONE** Policy Type and complete the appropriate selection and, if applicable, the transfer/exchange form.

- If this is for a Non-Qualified Certificate of Deposit Transfer or Mutual Fund Redemption or Transfer, complete form number ANN43036F.
- If this is for a 1035 Exchange, complete form number ANN43263F.
- If this is for a Traditional IRA, Roth IRA, or SEP IRA Transfer/ Direct Rollover, complete form number ANN43009FNS.
- If this is for an Inherited IRA transfer, complete form number ANN18752.
- If this is for an Inherited Non-Qualified exchange, complete form number ANN19091.

2. SURRENDER CHARGE PERIOD

Choose one surrender charge period.

3-6. OWNER, JOINT OWNER, ANNUITANT and JOINT ANNUITANT

For Qualified and Inherited Non-Qualified policies, Joint Owners are not allowed. For Non-Qualified policies, any two persons (spouses or non-spouse) can be named as Joint Owners.

A non-living entity cannot be an Annuitant or a Joint Annuitant. For Qualified policies, the Annuitant must be the Owner. For Inherited Non-Qualified, Inherited IRA, and Inherited Roth IRA policies, Joint Annuitants are not allowed. For Non-Qualified policies, any person can be the Annuitant unless the non-living entity Owner is a Grantor Trust, then the Annuitant must be the first named Grantor. If a non-living entity is the Owner, then a Joint Annuitant is not allowed.

If the Annuitant and Owner are different, and the Annuitant dies before the Annuity Commencement Date, the Owner will become the new Annuitant of the policy provided that the Owner is an individual. If the Owner is a Grantor Trust and the Grantor is an individual, the policy will be treated as owned by an individual. In such a case, upon the death of the Annuitant, the first named living Grantor will become the new Annuitant.

Under the IRS's aggregation rule, all non-qualified cash value deferred annuity contracts issued by NYLIAC (or its affiliates) to the same owner in the same calendar year are treated as one contract for purposes of determining the taxable portion of a partial withdrawal or surrender. This means that if a distribution is taken, we are required to take into account the gains (or losses) in all contracts that are subject to aggregation and more of the distribution may be taxable.

Use the below chart to select the correct Tax Certification form. Tax Certification forms are required to be submitted prior to the contract being issued.

NOTE FOR TRUST OR ENTITY OWNED POLICIES:

The W-9 form must be completed and returned with the application.

Owner Type	W-9	W-8BEN	W-8BEN-E	Other W-8 Forms
US Citizen Individual Owner	Yes	N/A	N/A	N/A
Non US Citizen w/ Resident Alien US Tax Status (e.g. Green Card)	Yes	N/A	N/A	N/A
Non US Citizen w/o Resident Alien US Tax Status	N/A	Yes	N/A	Yes
US Entity	Yes	N/a	N/A	N/A

Other W-8 Forms:

Individual Owners (Non US Citizen and does not have a Resident Alien US Tax Status e.g. Green Card):- use W-8BEN Form except in the following circumstances:

Form W-8ECI – The Owner is claiming that income is effectively connected with the conduct of trade or business within the US (other than personal services).

Form 8233 or Form W-4 – The Owner is a beneficial owner that is receiving compensation for personal services performed in the US.

Form W-8IMY – The Owner is acting as an intermediary.

Entity Owner (Non US Entity) – use W-8BEN-E form except in the following circumstances:

Form W-8ECI – The Owner is claiming that income is effectively connected with the conduct of trade or business within the US (other than personal services).

Form 8233 or Form W-4 – The Owner is a beneficial owner that is receiving compensation for personal services performed in the US.

Form W-8IMY – The Owner is acting as an intermediary.

Form W-8EXP – if the entity is a foreign government, international organization, foreign central bank of issue, foreign tax-exempt organization, foreign private foundation, or government of a US possession receiving a withhold-able payment or receiving a payment subject to chapter 3 withholding.

7. BENEFICIARY DESIGNATION

Provide name, relationship to Owner, Date of Birth, Social Security or Tax I.D Number, address, telephone number, and percentage to be paid to each Beneficiary listed. Primary and Contingent designations must each total 100%. If the Ownership is under UGMA/UTMA, the Primary Beneficiary must be the estate of the minor. If the Owner is a Trust, it is recommended that the Primary Beneficiary be the trust.

Unless the box under declining to designate surviving spouse as the sole Primary Beneficiary is checked, your spouse will be the sole Primary Beneficiary.

If multiple Primary Beneficiaries are named and one or more of those Beneficiaries does not survive the Owner(s), that Beneficiary's interest is terminated and his/her percentage will be divided proportionately among the remaining Primary Beneficiaries. The same holds true for Contingent Beneficiaries. **To avoid this you can designate "Per Stirpes" next to each applicable Beneficiary's name.** Per Stirpes allows for each Beneficiary's heirs to receive his/her percentage of any remaining death benefit.

8. ANNUITY PREMIUM PAYMENT AMOUNT

The minimum initial premium payment is \$10,000.

For policies of \$1 million or more – complete form number ANN18824 which must be approved by an officer of NYLIAC prior to submitting the application.

9. ADDITIONAL INFORMATION

Use this space to provide additional information. Remember to refer back to the original section number.

10. DISCLOSURE STATEMENTS

This is for disclosure purposes. Please read this section carefully.

11. REPLACEMENT INFORMATION

Check the appropriate box to indicate if you have an existing life insurance or annuity policy, or if you are replacing a life insurance or annuity policy. **Both questions must be answered.** Follow state replacement regulations; complete the New York Definition of Replacement, ANN43078 and New York Regulation 60 it, ANN43080.

12. SIGNATURES, ACKNOWLEDGEMENTS AND TAX CERTIFICATION

The Owner, Joint Owner (if applicable), and Annuitant (if other than Owner or Joint Owner) must sign and date this section.

Owner Tax Certification: If the Owner is subject to backup withholding, be sure to check the box in this section.

PRODUCER'S STATEMENT

The Representative/Agent must complete, sign and date this section. All questions, including both replacement questions, must be answered. **The Representative/Agent must also provide the applicant with copies of the New York Disclosure Statement and current rate sheet for the IndexFlex Variable Annuity – FP Series. The current rate sheet can be found at <https://www.nylannuities.com/indexflexrates>**

PREMIUM ALLOCATION FORM

You may allocate all or a portion of your Premium Payment to Section 1, the Fixed Account, Section 2, Investment Divisions, or Section 3, Initial Term Strategies. The Premium Allocation must total 100%.

If you need assistance, please contact:

New York Life Annuities Sales Desk
1-888-474-7725

Web Site
www.newyorklifeannuities.com

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

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

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Application For Individual Modified Single Premium Variable Annuity with an Index-Linked Account
New York Life IndexFlex Variable Annuity – FP Series
New York Life Insurance and Annuity Corporation (NYLIAC) (A Delaware Corporation)

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


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


ANNUITY COMMENCEMENT DATE AT AGE 95

Please print or type.


1. ANNUITY POLICY TYPE

Choose **ONE** Policy Type and complete the appropriate selection.

☐ **Non-Qualified**  Is this a 1035 Exchange? ☐ Yes ☐ No

☐ **Inherited Non-Qualified***  Exchange Amount \$ _____

***Not available for Joint Life policies**

☐ **Traditional IRA**  ☐ Transfer \$ _____
☐ **Roth IRA** ☐ Rollover \$ _____
☐ **SEP IRA** ☐ Contribution \$ _____ Year _____

☐ **Inherited IRA***  Transfer Amount \$ _____

☐ **Inherited Roth IRA*** ***Not available for Joint Life Policies.**

Note: If this is a Traditional IRA, Roth IRA, or SEP IRA transfer/rollover, submit Qualified Transfer/Direct Rollover Form. If this is an Inherited IRA or Inherited Roth IRA transfer, submit Inherited IRA Information/Transfer Form. If this is an Inherited Non-Qualified exchange, submit Inherited Non-Qualified Exchange Form.

2. SURRENDER CHARGE PERIOD

Choose **ONE**:

☐ 5 Year Surrender Charge Period ☐ 6 Year Surrender Charge Period ☐ 7 Year Surrender Charge Period

If you elect an Initial Term Strategy on the Premium Allocation Form, the applicable Flat Rate or Cap Rate is guaranteed through the Surrender Charge Period you elect, as long as account value remains in the Initial Term Strategy.

3. OWNER

First Name or Trust/Corporation Name Middle Last Name Suffix

Mailing Address

Street or P.O. Box City State Zip Code

Residence Address (if different from mailing address)

Street City State Zip Code

Date of Birth (mm/dd/yyyy) Date of Trust Social Security/Tax I.D. Number ☐ Male ☐ Female

Country of Citizenship ☐ U.S. ☐ Other, Country Name: If you checked "Other" under Country of Citizenship, are you a U.S. Resident Alien? ☐ Yes ☐ No Relationship to Annuitant ☐ Self ☐ Spouse ☐ Other:

Telephone Number ☐ Cell ☐ Home ☐ Business Email Address

4. JOINT OWNER			
Available for Non-Qualified Policy Type ONLY (but not Inherited Non-Qualified) .			
First Name	Middle	Last Name	Suffix
Mailing Address			
Street or P.O. Box	City	State	Zip Code
Residence Address (if different from mailing address)			
Street	City	State	Zip Code
Date of Birth (mm/dd/yyyy)	Social Security/Tax I.D. Number	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Country of Citizenship <input type="checkbox"/> U.S. <input type="checkbox"/> Other, Country Name:	Relationship to Owner <input type="checkbox"/> Spouse <input type="checkbox"/> Other:		
Telephone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Business	Email Address		
5. ANNUITANT			
Complete if the Annuitant is not the Owner or Joint Owner. If same as Joint Owner, check here <input type="checkbox"/> .			
First Name	Middle	Last Name	Suffix
Residence Address (Required)			
Street	City	State	Zip Code
Date of Birth (mm/dd/yyyy)	<input type="checkbox"/> Male <input type="checkbox"/> Female		
Social Security Number	Country of Citizenship <input type="checkbox"/> U.S. <input type="checkbox"/> Other, Country Name:		
Telephone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Business	Email Address		
6. JOINT ANNUITANT			
Complete for Joint Life policies ONLY. Not Available for Inherited IRA, Inherited Non-Qualified, and Inherited Roth IRA Policy Types. If same as Owner, check here <input type="checkbox"/> . If same as Joint Owner, check here <input type="checkbox"/> . Otherwise, complete below.			
First Name	Middle	Last Name	Suffix
Residence Address (Required)			
Street	City	State	Zip Code
Date of Birth (mm/dd/yyyy)	<input type="checkbox"/> Male <input type="checkbox"/> Female		
Social Security Number	Country of Citizenship <input type="checkbox"/> U.S. <input type="checkbox"/> Other, Country Name:		
Telephone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Business	Email Address		

7. BENEFICIARY DESIGNATION

Note: Primary and Contingent Beneficiary designations must each total 100%. If percentage(s) are not provided, the benefits will be divided equally. For a per stirpes Beneficiary designation, write "Per Stirpes" next to each applicable Beneficiary's name. Use Section 9 to enter additional Beneficiary information. Refer to the application instructions for further details.

For Traditional, Roth and SEP IRA Policy Types: Please note that available death benefit payout options differ depending on whether your designated Beneficiary is eligible or non-eligible (determined as of the date of your death) under the Internal Revenue Code ("IRC"). Eligible designated Beneficiaries are spouses, children under the age of majority, disabled or chronically ill individuals, as determined by the IRC, (including certain trusts for the disabled or chronically ill), or individuals who are not more than 10 years younger than you. All other individual Beneficiaries are non-eligible, and all proceeds must be distributed to them by the end of the 10th year following the year of your death (or the death of both you and the joint annuitant, if applicable).

For Inherited IRA and Inherited Roth IRA Policy Types: After your death, your Beneficiaries may be limited to a distribution period that does not exceed 10 years from the end of the year following the year of death of the original IRA owner or retirement plan participant.

JOINT OWNERS WHO ARE SPOUSES:

Unless you check the box below, your spouse will be the **sole Primary Beneficiary** of the Policy and no other primary beneficiary should be designated. This allows the surviving Owner/spouse to continue the Policy at the death of the other Owner before the Annuity Commencement Date.


ONE OWNER:

Unless you check the box below, your spouse will be the **sole Primary Beneficiary** of the Policy and no other primary beneficiary should be designated. This allows your spouse to continue the Policy if you die before the Annuity Commencement Date.

If your spouse's information is not listed in the sections above, please provide his/her information below.

Regardless of your primary beneficiary designation, you may name contingent beneficiary(ies) below.

DECLINING TO DESIGNATE SURVIVING SPOUSE AS THE SOLE PRIMARY BENEFICIARY:

 ☐ By checking this box, I am NOT naming my spouse as sole Primary Beneficiary and instead designate the individual(s)/entity(ies) named below. As a result, the Policy will end at the death of any Owner before the Annuity Commencement Date and NYLIAC will pay a death benefit.

JOINT OWNERS WHO ARE NOT SPOUSES:

The surviving Owner is the **sole Primary Beneficiary**. No other primary beneficiary should be designated however, you may name contingent beneficiary(ies) below. The Policy will end at the death of the other Owner.

<input type="checkbox"/> PRIMARY or <input type="checkbox"/> CONTINGENT Beneficiary's Full Name/Entity Name	Date of Birth (mm/dd/yyyy)	Social Security/ Tax I.D. Number	Percentage %
Address: Street		City	State Zip Code
Email Address	Telephone Number		Relationship to Owner
<input type="checkbox"/> PRIMARY or <input type="checkbox"/> CONTINGENT Beneficiary's Full Name/Entity Name	Date of Birth (mm/dd/yyyy)	Social Security/ Tax I.D. Number	Percentage %
Address: Street		City	State Zip Code
Email Address	Telephone Number		Relationship to Owner
<input type="checkbox"/> PRIMARY or <input type="checkbox"/> CONTINGENT Beneficiary's Full Name/Entity Name	Date of Birth (mm/dd/yyyy)	Social Security/ Tax I.D. Number	Percentage %
Address: Street		City	State Zip Code
Email Address	Telephone Number		Relationship to Owner
<input type="checkbox"/> PRIMARY or <input type="checkbox"/> CONTINGENT Beneficiary's Full Name/Entity Name	Date of Birth (mm/dd/yyyy)	Social Security/ Tax I.D. Number	Percentage %
Address: Street		City	State Zip Code
Email Address	Telephone Number		Relationship to Owner

8. ANNUITY PREMIUM PAYMENT AMOUNT

Premium Payment Amount* \$ _____



If paying by check directly to New York Life, make payable to NYLIAC. Indicate total estimated amount including cash with application and anticipated transfer/exchange amounts.

*Premium Payments are subject to the limitations defined in your Policy.

9. ADDITIONAL INFORMATION

Attach a separate sheet if additional space is needed.

10. DISCLOSURE STATEMENTS

Please read the following carefully.

PARTIAL WITHDRAWALS

For purposes of calculating the guaranteed amount provided by the return of premium death benefit under the Policy, Partial Withdrawals (including required minimum distributions) reduce that guaranteed amount proportionally. In addition, any amount withdrawn from a Segment in the Index-Linked Account will not be included in the calculation of the Index-Linked Credit on the Segment Maturity Date. Partial Withdrawals can affect your eligibility for an Enhanced Cap or Flat Rate in the Initial Term Index-Linked Strategies.

PRODUCT INFORMATION

I/We understand that at the end of the final Segment of an Initial Term Index-Linked Account Strategy, the Allocation Options will be the Recurring Term Index-Linked Account Strategies, the Investment Divisions available at that time, and the Fixed Account.

I/We understand that transfers to/from the Index-Linked Account Strategy(ies) to the Investment Divisions and the Fixed Account may only occur at the end of a Segment.

I/We understand that any amount remaining in a Segment of the Index-Linked Account Strategy(ies) on the Segment Maturity Date, will automatically be transferred into a Recurring Term Strategy Segment using the same Interest Crediting Method and Index.

I/We understand if I/we do not want an amount to be automatically transferred as described above, I/we must request a transfer prior to the end date of the Segment.

I/We understand M&E charges will be assessed only on the amounts allocated to the Investment Divisions. There will be no M&E charge assessed to amounts allocated to the Index-Linked Account Strategy(ies) or Fixed Account.

11. REPLACEMENT INFORMATION

If "Yes" to A or B, provide policy information below. Use Section 9 to include information if more than two policies are being replaced.

A) Do you have any existing life insurance or annuity policies?

☐ Yes ☐ No

B) Is the policy applied for intended to replace or change any life insurance or annuity policy?

☐ Yes ☐ No

Company Name – Policy Number – Estimated Cash Value – Cost Basis (for Non-Qualified Policies)

1035 Exchange:

☐ Yes ☐ No

Company Name – Policy Number – Estimated Cash Value – Cost Basis (for Non-Qualified Policies)

1035 Exchange:

☐ Yes ☐ No

12. SIGNATURES, ACKNOWLEDGEMENTS AND TAX CERTIFICATION

Read statements and sign below.

By signing below, I/We acknowledge and agree that: (1) All of the answers to questions and statements made in this application, which includes the Premium Allocation Form, are true to the best of my/our knowledge and belief. **(2) This application is to be attached to and made part of the Policy. (3) This Policy will not become effective unless it is issued while the Owner(s) and Annuitant(s) are living.** (4) Under penalties of perjury, the Social Security/Taxpayer Identification Numbers provided on this application are certified to be correct. (5) No Agent/Registered Representative is authorized to accept risks, make or change this application or change any policy issued by NYLIAC, or give up any of the Owner's rights or requirements. (6) The Prospectus for this annuity was received, read carefully and the contents are understood. (7) This annuity is in accordance with my/our financial objectives and anticipated needs. (8) I/We understand that this Policy is not backed or guaranteed by any bank or insured by the FDIC. **Benefits Based on the Performance of the Separate Account are Variable and are not Guaranteed as to a Fixed Dollar Amount. Exclusive of any fixed account and any supplementary benefits, the Accumulation Value may increase or decrease based on the investment experience of the Separate Account.**

The Owner's tax certification provided below does not apply if the Owner is not a U.S. person (including a U.S. resident alien) and has otherwise completed and executed an applicable IRS Form W-8.

Owner Tax Certification:

Under penalties of perjury, I (as Owner named) certify:





- (1) My Social Security Number or Tax ID Number shown on this application 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 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 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.

Signed at (City/State)		DATE SIGNED	
			
▲ Applicant's Signature (Owner)		▲ Joint Owner's Signature (if applicable)	
			
▲ Annuitant's Signature (if other than Owner or Joint Owner)		▲ Joint Annuitant's Signature (if other than Owner or Joint Owner)	

For Representative/Agent use only. Signature Required
The below is not part of the application, but it must be completed.

PRODUCER'S STATEMENT:	
1. Is Owner a U.S. Citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No If you have answered "No", check the appropriate box below: <input type="checkbox"/> Resident Alien <input type="checkbox"/> Non-Resident Alien <input type="checkbox"/> Other:
2. Is Joint Owner a U.S. Citizen? (if applicable)	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Does the applicant have any existing life insurance or annuity policies?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Is this intended to replace or change any life insurance or annuity policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No If you have answered "Yes" to either question #3 or #4 of the Producer's Statement, please follow state replacement regulations and attach any required replacement forms.
5. Is the Owner of the Policy a Trust?	<input type="checkbox"/> Yes <input type="checkbox"/> No If you have answered "Yes", please attach pages of the Trust Agreement, including a copy of the title page, signature page, and any applicable trustee designation pages and amendments to the Trust.
All of the answers to questions and statements in the application are true to the best of the knowledge and belief of those who made and recorded them. I have used only company-approved sales material in connection with this application, and copies of all sales material used were left with the applicant. I have also provided the applicant with copies of the New York Disclosure Statement and current rate sheet for the IndexFlex Variable Annuity - FP Series. The current rate sheet can be found at https://www.nylannuities.com/indexflexrates	
IndexFlex Variable Annuity – FP Series Compensation Option <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E	
	
▲ Representative's/Agent's Signature	▲ DATE SIGNED
Representative's/Agent's Name	Telephone Number
Representative's/Agent's Email Address	
State License Number	NYLIAC Code Number
Firm/Agency Name	Firm/Agency Telephone Number
Firm/Agency Address	City State Zip Code



NEW YORK LIFE INSURANCE AND ANNUITY CORPORATION (NYLIAC)
(A Delaware Corporation)

Premium Allocation Form for New York Life IndexFlex Variable Annuity – FP Series

(This Form is a part of the Application.)

The Allocation Options for this product include Investment Divisions, Index-Linked Account Strategies, and a Guaranteed Interest Account.

All Investment Divisions involve risk, including the potential to lose some or all of your original investment. Benefits and values, when based on investment performance of the Investment Division(s) selected, are not guaranteed as to a fixed dollar amount. In this form, we have grouped the Investment Divisions by risk classifications based on the Morningstar assigned asset class category as of December 31, 2023. Morningstar Inc. is a widely used independent research firm, which ranks mutual funds and other investments by overall performance, investment objectives and assets.

The Index-Linked Account Strategies do not carry the same level of market risk as traditional Investment Divisions because you can't lose money with an Index-Linked Account Strategy. In exchange for that downside protection, any Index-Linked Credit you may receive based on Index Performance will be capped. With the Cap Rate Interest Crediting Method, you will receive an Index-Linked Credit equal to Index Performance, not to exceed the Cap Rate. With the Flat Rate Interest Crediting Method, you will receive an Index-Linked Credit equal to the Flat Rate if Index Performance is zero or greater. The actual performance of the Index selected may exceed the Cap Rate or Flat Rate applied. Index Performance is measured over a one-year term called a Segment, which begins on the date monies are allocated to an Index-Linked Strategy. We calculate the Index-Linked Credit on the last day of the Segment (the "Segment Maturity Date"). If an Index-Linked Credit is payable, we apply it on the Segment Maturity Date. If Index Performance is negative, the account will not be eligible for an Index-Linked Credit for that one-year Segment, but you cannot lose money. You should refer to the Policy Data Pages and Index-Linked Account Allocation Option riders for information about the applicable Cap Rates and Flat Rates. The product prospectus has more information about each available Index-Linked Account Strategy.

New York Life sets Index-Linked Cap and Flat Rates for new policies based on different factors including the percentage of your Premium Payment that is allocated to the Investment Divisions and the Fixed Account (Enhanced Rate Allocation Options). If at least 50% of your Premium Payment is allocated to the Enhanced Rate Allocation Options and maintained as of the Segment Maturity Date as described in your Initial Term Strategies Rider, a higher Cap and/or Flat Rate (Enhanced Rate) will apply to the calculation of the Index-Linked Credit, if any, for that Segment in lieu of the base rate (Standard Rate).

If the amount allocated to the Enhanced Rate Allocation Options falls below 50% of the total Premium Payment as a result of a transfer or non-pro-rata withdrawal, Index-Linked Credits will be based on the Standard Rate as of the Segment Maturity Date immediately following the date of such transfer or non-pro-rata withdrawal. Investment gains and losses on amounts invested in the Investment Divisions will not be counted in calculating whether you meet the 50% threshold. The Standard Cap and Flat Rates, and/or the Enhanced Cap and Flat Rates, are displayed on the data pages of your Policy and Initial Term Strategies Rider, if applicable. Enhanced Rates do not apply to the calculation of Index-Linked Credits under the Recurring Term Strategies Rider.

The Investment Divisions are subject to market risk, will fluctuate in value and can lose value. There is no assurance that any of the Investment Divisions will attain their stated objectives.

Please be sure your premium allocation matches your stated investment objective(s).

If you would like to set up Dollar Cost Averaging (DCA) on your contract, please refer to form ANN43043IF to set up this option.

Percentages in Sections 1, 2 and 3 must be in whole numbers and must total 100%.

1. GUARANTEED INTEREST ACCOUNT

If you would like all or a portion of your Premium Payment to be allocated to the Fixed Account, please indicate the percentage below.

Allocation of Premium Payment to Fixed Account:

Current income with safety of principal:

Fixed Account _____ % 1-year interest rate guarantee (101)

There may be limits on premium allocations into, and transfers into and out of, the Fixed Account. Please see your product Prospectus for more information.

2. INVESTMENT DIVISIONS

If you would like all or a portion of your Premium Payment to be allocated to the Investment Divisions, please indicate the percentage below.

Investment Grade Bond	Fidelity® VIP Bond Index Portfolio—Service Class 2 (232).....	_____ %
Large Cap Equity	American Funds IS® Growth Fund – Class 4 (187).....	_____ %
	American Funds IS Washington Mutual Investors Fund – Class 4 (188).....	_____ %
	MainStay VP S&P 500 Index – Service Class (105).....	_____ %
Asset Allocation	American Funds IS® Asset Allocation Fund – Class 4 (191)	_____ %
	BlackRock® Global Allocation V.I. Fund – Class III Shares (157).....	_____ %
	Fidelity® VIP FundsManager® 60% Portfolio – Service Class (197)	_____ %
	Franklin Templeton Aggressive Model Portfolio – Class II (231).....	_____ %
	Franklin Templeton Conservative Model Portfolio – Class II (227).....	_____ %
	Franklin Templeton Moderately Aggressive Model Portfolio – Class II (230)	_____ %
	Franklin Templeton Moderately Conservative Model Portfolio – Class II (228)	_____ %
	Franklin Templeton Moderate Model Portfolio – Class II (229)	_____ %
	MainStay VP Income Builder – Service Class (106).....	_____ %
	MainStay VP Janus Henderson Balanced – Service Class (165).....	_____ %
International / Global Equity	Fidelity® VIP International Index Portfolio – Service Class 2 (198)	_____ %
Sub-Total of allocation to Investment Divisions		_____ %

3. INDEX-LINKED ACCOUNT ALLOCATION OPTIONS – INITIAL TERM STRATEGIES

You may allocate all or a portion of your Premium Payment to one or more Initial Term Strategies described below. Each Initial Term Strategy is made up of a series of one-year Segments with the same Flat Rate or Cap Rate, as applicable, Interest Crediting Method, Index, and Crediting Floor. Interest, if any, is credited to a Segment on the Segment Maturity Date in the form of an Index-Linked Credit.

For each Initial Term Strategy, you must choose an Index and Interest Crediting Method.

Cap Rate Interest Crediting Method: This option will apply an Index-Linked Credit to a Segment equal to any positive performance of the S&P 500 Index or Russell 2000 Index, but not to exceed the Cap Rate, during the Segment. If Index performance is negative, you will not receive an Index-Linked Credit, but your Segment Value will not go down. **The Cap Rate is guaranteed through the Surrender Charge Period you elect on the Application, as long as account value remains in the Initial Term Strategy.**

Index and Interest Crediting Method	S&P 500 Index - Cap Rate.....	_____ %
	Russell 2000 Index - Cap Rate.....	_____ %

Sub-Total of Cap Rate Interest Crediting Method		_____ %
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Flat Rate Interest Crediting Method: This option will apply an Index-Linked Credit to a Segment equal to the Flat Rate if the performance of the S&P 500 Index or Russell 2000 Index is flat or positive during the Segment. If Index Performance is negative, you will not receive an Index-Linked Credit, but your Segment Value will not go down. **The Flat Rate is guaranteed through the Surrender Charge Period you elect on the Application, as long as account value remains in the Initial Term Strategy.**

Index and Interest Crediting Method	S&P 500 Index - Flat Rate.....	_____ %
	Russell 2000 Index - Flat Rate.....	_____ %

Sub-Total of Flat Rate Interest Crediting Method		_____ %
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TOTAL of Sections 1, 2 and 3		100%
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