

New York Life Clear Income Advantage Fixed Annuity–FP Series

Application Kit - California

CIA-NOCAPP-0325CA

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.

Investments and insurance products are: Not FDIC/NCUA Insured • Not Insured by Any Federal Government Agency • Not a Deposit or Other Obligation of, or Guaranteed by, the Bank or Any of Its Affiliates • May Lose Value



INSTRUCTIONS

Important Information Regarding a Joint Guaranteed Lifetime Withdrawal Benefit (GLWB): please complete all required information in the Joint Annuitant section. In addition, for policies with one Owner, and for policies with Joint Owners and Joint Annuitants, unless the box in the Beneficiary Designation section is checked, your spouse will be the sole Primary Beneficiary. **For Custodian Owned Policies Only:** If your policy is custodially owned by your broker dealer your spouse must be listed as the Joint Annuitant as well as the sole Primary Beneficiary of the custodian account at your broker dealer. Otherwise, the guaranteed income provided under the GLWB will not continue to your spouse.

1. ANNUITY POLICY TYPE

Choose ONE Policy Type and complete the section and, if applicable, the transfer/exchange form.

- If this is for a Non-Qualified Certificate of Deposit Transfer or a 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 or Roth IRA Transfer/Direct Rollover, complete form number ANN43009FNS.

2. ANNUITY PREMIUM PAYMENT AMOUNT

The minimum initial premium amount is \$50,000.

For policies of \$2 million or more – complete form number ANN18824 which must be approved by an officer of NYLIAC prior to submitting the application.

3. OWNER

- For a Non Tax-Qualified policy, the Owner may be: the Annuitant, a non-living entity (e.g. a Trust or Corporation), a person acting on behalf of another individual (e.g., a Guardian), or both spouses may jointly own the policy. Joint Owners must be spouses and Joint Annuitants. For Grantor Trust owned policies, where the natural person is the Grantor, the Grantor must be the Annuitant.
- For a Traditional IRA or Roth IRA policy, the Owner and Annuitant must be the same individual.
- For Trust Owned Policies, the Representative must verify the identity of the proposed Owner(s) by reviewing and inspecting either the original or a copy of the trust agreement.

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.

Owner Type	W-9	W-8BEN	W-8BEN-E	Other W8 Forms
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.

4. JOINT OWNER

Joint Ownership is available for Non-Qualified policies only. Please provide information on the Joint Owner, if applicable.

5. ANNUITANT

In most cases, the Owner will be the same as the Annuitant. Complete this section if the Owner is different from the Annuitant. Generally, the Owner and Annuitant may only be different for cases involving a person acting on behalf of another individual (e.g. a Guardian) or a non-living entity (e.g. a Trust or Corporation). If the Annuitant and Owner are different and the Annuitant dies before the Annuity Commencement Date, the policy will end and a death benefit will be paid to the Beneficiary.

If the Owner is a Grantor Trust and the Grantor is an individual, the policy will be treated as owned by an individual, and in such a case, upon the death of the Annuitant the policy will end and a death benefit will be paid to the Beneficiary.

6. JOINT ANNUITANT

Complete for Joint Life annuities only. Joint Annuitants must be spouses. If only one Owner is designated, the Joint Annuitant should be designated as the sole Primary Beneficiary.

7. BENEFICIARY DESIGNATION

Provide name, relationship to the 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 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. REPLACEMENT INFORMATION

Indicate in this section if the Owner has any existing life insurance or annuity policies or if this policy will replace an existing life or annuity policy. **Both replacement questions must be answered.** For Section 1035 Exchanges or 72(h) transactions of Non-Qualified policies, provide the cost basis, check the box marked 1035 Exchange, and complete the 1035 Exchange Form, ANN43263F. For Qualified policies, complete the Qualified Transfer/Direct Rollover Form, ANN43009FNS. Follow state replacement regulations and attach any required forms.

9. ADDITIONAL INFORMATION

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

10. FRAUD AND DISCLOSURE STATEMENT

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

11. SIGNATURES AND TAX CERTIFICATION

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

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 Single Premium Deferred Fixed Annuity
With a Market Value Adjustment and a Guaranteed Minimum Withdrawal Benefit
New York Life Clear Income Advantage Fixed 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 THE LATER OF AGE 90 OR 10 YEARS
California Only: The Annuity Commencement Date will be the later of Age 90 or 20 Years.

Please print or type

1. ANNUITY POLICY TYPE

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

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


☐ **Traditional IRA**  Current Year Contribution Prior Year Contribution ☐ Transfer ☐ Rollover

☐ **Roth IRA** \$ _____ Year _____ \$ _____ Year _____ \$ _____ \$ _____

NOTE: If this is a Traditional IRA or Roth IRA transfer/rollover, submit Qualified Transfer/Direct Rollover Form.

2. 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.

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)

Proof of Age Required

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

Cell Phone

Home Phone

Other Phone

Email Address

Relationship to Annuitant
☐ Self ☐ Other:

4. JOINT OWNER

Available for Non-Qualified Policies **ONLY**. Joint Owners must be Joint Annuitants and spouses.

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)

Proof of Age Required

Social Security/Tax I.D. Number

☐ Male

☐ Female

Country of Citizenship

☐ U.S.

☐ Other, Country Name:

Email Address

Relationship to Owner

Cell Phone

Home Phone

Other Phone

5. ANNUITANT

The Annuitant is the Owner, unless the Policy is owned by a non-living entity, e.g., a trust. If the Policy is owned by a non-living entity, provide Annuitant's information below.

First Name Middle Last Name Suffix

Residence Address

Street City State Zip Code

Date of Birth (mm/dd/yyyy)

Proof of Age Required

Social Security Number

☐ Male

☐ Female

Country of Citizenship

☐ U.S.

☐ Other, Country Name:

Cell Phone

Home Phone

Other Phone

Email Address

6. JOINT ANNUITANT

Joint Annuitants must be spouses. If the Joint Annuitant is not the Joint Owner, complete below.

First Name Middle Last Name Suffix

Residence Address

Street City State Zip Code

Date of Birth (mm/dd/yyyy)

Proof of Age Required

Social Security Number

☐ Male

☐ Female

Country of Citizenship

☐ U.S.

☐ Other, Country Name:

Cell Phone

Home Phone

Other Phone

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 and Roth IRA Plan 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 considered non-eligible. Death Benefit proceeds for a non-eligible beneficiary must be distributed 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). The present value of payments guaranteed beyond 10 years may be distributed in a single sum. The present value of the remaining Annuity Income Payments is always less than the total of those Annuity Income Payments, because you receive the present value in a lump sum and sooner than the remaining Annuity Income Payments would have been made.

How do Beneficiary Designations work?

If the Owner(s) is/are	AND the Annuitant(s) is/are	AND primary beneficiary is...	UPON death of an Owner or Annuitant, death benefit options are available to my...
Single Owner	Single Annuitant	Spouse*	Spouse*
Joint Owner	Joint Annuitant	Surviving Spouse**	Spouse

*If your spouse is not listed as a party on the policy, you must provide his/her information below.

**Surviving Spouses may elect to continue the policy in their name or select another death benefit option.

DECLINING TO DESIGNATE SURVIVING SPOUSE AS THE SOLE PRIMARY BENEFICIARY

Your spouse is the sole primary beneficiary unless you check the box below. Regardless of your primary beneficiary designation, you may name contingent beneficiary(ies) below.



☐ 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.

☐ PRIMARY or ☐ 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

Cell Phone

Home Phone

Other Phone

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	Cell Phone	Home Phone	Other Phone 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	Cell Phone	Home Phone	Other Phone 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	Cell Phone	Home Phone	Other Phone Relationship to Owner

8. 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
B) Is the policy applied for intended to replace or change any life insurance or annuity policy?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Company Name – Policy Number – Estimated Cash Value – Cost Basis (for Non-Qualified Policies)		1035 Exchange: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Company Name – Policy Number – Estimated Cash Value – Cost Basis (for Non-Qualified Policies)		1035 Exchange: <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. ADDITIONAL INFORMATION
Attach a separate sheet if additional space is needed.

10. FRAUD AND DISCLOSURE STATEMENT

FRAUD WARNING

Any person who knowingly and with the intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. Penalties may include imprisonment, fines, or a denial of insurance benefits if a person provides false information.

11. SIGNATURES AND TAX CERTIFICATION

Read statements and sign below.

By signing below, I/We acknowledge and agree to all of the statements and representations made in this application and that: (1) **This Policy will not become effective unless it is issued while the Owner(s) and Annuitant(s) are living.** (2) Unless otherwise indicated below, the Owner of this Policy is the Applicant. (3) Under penalties of perjury, the Social Security/Taxpayer Identification Numbers provided on this application are certified to be correct. (4) No Agent is authorized to accept risks, make or change this application or change any Policy issued by the Company, or give up any of the Owner's rights or requirements. (5) I/We understand that this Policy is not backed or guaranteed by any bank or insured by the FDIC.

I/WE UNDERSTAND THAT I/WE MAY RECEIVE LESS THAN THE PREMIUM PAYMENT UPON SURRENDER OF THIS POLICY.

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 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.

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 applicable)	

For Representative/Agent use only. Signature Required
The below section 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.	
Clear Income Advantage Fixed Annuity Compensation Option: <input type="checkbox"/> A <input type="checkbox"/> B	
▲ Representative's/Agent's Signature	▲ DATE SIGNED
Representative's/Agent's Name	Telephone Number
Representatives/Agent's Email Address	
State License Number	NYLIAC Code Number
Firm/Agency Name	Firm/Agency Telephone Number
Firm/Agency Address Street City State Zip Code	

CIA-PS

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NEW YORK LIFE INSURANCE AND ANNUITY CORPORATION

ENDORSEMENT

California Fraud Statement

This Endorsement is attached to and made a part of your Application.

For your protection, California law requires the following to appear on this form:

Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

NEW YORK LIFE INSURANCE AND ANNUITY CORPORATION

A handwritten signature in black ink, appearing to read "Craig H. Smith".

Chair, President & CEO

A handwritten signature in black ink, appearing to read "Catherine G. Meade".

Secretary



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NEW YORK LIFE INSURANCE AND ANNUITY CORPORATION
(A Delaware Company)

**IMPORTANT INFORMATION TO CONSIDER WHEN PURCHASING
THE NEW YORK LIFE CLEAR INCOME ADVANTAGE FIXED ANNUITY - FP SERIES
(a Fixed Deferred Annuity with a Market Value Adjustment and a Guaranteed Lifetime Withdrawal Benefit)**

New York Life Insurance and Annuity Corporation ("New York Life") offers other fixed deferred annuities. These annuities provide other features. Some may have higher interest crediting rates. Others may have a guarantee return of premium upon surrender in earlier years. You should only purchase the New York Life Clear Income Advantage Fixed Annuity with a Market Value Adjustment (MVA) if you want to receive payments under the Guaranteed Lifetime Withdrawal Benefit.

New York Life also offers other fixed deferred payout annuities (sometimes referred to as income annuities) which may have a higher payout because there are limited liquidity features. While you should not purchase the New York Life Clear Income Advantage Fixed Annuity with the intent of accessing money in the annuity other than through the Guaranteed Lifetime Withdrawal Benefit, the annuity does provide you with the flexibility of accessing your Accumulation Value (after any applicable MVA and less any applicable surrender charges).

The New York Life Clear Income Advantage Fixed Annuity allows one withdrawal, which may be subject to surrender charges and an MVA. An additional withdrawal if you are 59 ½ or older at the time, will activate your Guaranteed Lifetime Withdrawal Benefit, will end your deferral credits if you are under 59 ½ at the time of the withdrawal. If a withdrawal is made, it will result in a reduction of the guaranteed lifetime income amount to the GLWB amount by the same proportion that the Accumulation Value is reduced by the withdrawal including charges and MVA.

Payments under the Guaranteed Lifetime Withdrawal Benefit are taxed gains first, unlike income annuities that benefit from an exclusion ratio.

