



Direct Deposit Authorization

To have your payments sent directly to your bank account, complete this form and attach it to your application.

Name of Owner _____ Name of Joint Owner (if applicable) _____

Policy Number (If known) _____ Date of Birth _____

Address _____
Street City State Zip

Email Address _____

Name of Financial Institution
and Branch Name (if any) _____

Complete Address of Financial Institution _____

Routing Number of Financial Institution _____

Account Number _____

Accountholder's Name _____

Joint Accountholder's Name (if any) _____

Please Check One: ☐ Checking ☐ Savings ☐ Brokerage*

(If the payments are to be deposited into a checking account, please attach a voided specimen check.)

*If payments are to be deposited into a **brokerage account**, please complete "For Further Credit To" below **in addition to the above information.**

For Further Credit To _____

Please Note: The Accountholder of the bank account must be an Owner of the Annuity or the Payee if other than an Owner. If the Financial Institution is a member of the automatic Clearing House (ACH), your payments will be processed via Electronic Funds Transfer (EFT).

By electing EFT, you agree that all payments so made shall discharge New York Life to the extent of the payments. In addition, you understand that because of New York Life's annuity payment processing requirements and, if applicable, the Financial Institution's processing requirements, your EFT payment receipt date (the day the payment is available in your account) may be later than the start date you elect (including each subsequent income payment date).

You further agree that any EFT payments made after your death shall not be held for the benefit of your estate, but shall be repaid to the Company upon request. You authorize and direct the Financial Institution to refund to the Company an amount equal to any payments made after your death, and if such payments shall have been credited to your account, or to the account of your estate, to charge such account accordingly.



Policyowner's Signature(s) _____



Joint Accountholder's Signature _____

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