



IMPORTANT NOTICE TO MILITARY SERVICEMEMBERS AND THEIR DEPENDENTS

You are considering purchasing an annuity product from New York Life Insurance and Annuity Corporation (NYLIAC). If you are a member of the Armed Forces or a dependent thereof, state law requires us to advise you that you may be entitled to purchase another product – subsidized life insurance – from the Federal Government under the Servicemembers’ Group Life Insurance (SGLI) program.

SGLI is available to Servicemembers on active duty, ready reservists, members of the National Guard, members of the Commissioned Corps of the National Oceanic and Atmospheric Administration and the Public Health Service, cadets and midshipmen of the four service academies, and members of the Reserve Officer Training Corps.

The amount and cost of life insurance coverage available through the SGLI program is as follows:

Coverage Amount	Basic Premium Amount	TSGLI Premium*	Total Monthly Premium Deduction
\$50,000	\$3.50	\$1.00	\$4.50
\$100,000	\$7.00	\$1.00	\$8.00
\$150,000	\$10.50	\$1.00	\$11.50
\$200,000	\$14.00	\$1.00	\$15.00
\$250,000	\$17.50	\$1.00	\$18.50
\$300,000	\$21.00	\$1.00	\$22.00
\$350,000	\$24.50	\$1.00	\$25.50
\$400,000	\$28.00	\$1.00	\$29.00

*Traumatic Injury Protection Coverage

NYLIAC products are not offered or provided by the Federal government, the US Armed Forces, or any state or federal agency or government entity. The Federal government has not sanctioned, recommended, or encouraged the sale of NYLIAC products.

No person has received any referral fee or incentive compensation in connection with the offer or sale of a NYLIAC product, unless such person is a licensed representative for NYLIAC.

Please be advised that you have the right to cancel any policy during its free look period. Upon canceling, you will receive a full refund. Your policy’s free look period is described on its face page under the Right to Examine/Return provision.

Your representative is always available to answer any questions that you may have about your policy and its features.

REQUIRED FOR FLORIDA RESIDENTS ONLY- If you are a member of the Armed Forces (or a dependent thereof) who is a Florida resident, you and your insurance representative must complete this section and your representative must return this form to NYLIAC.

Type of annuity (e.g. fixed, variable, immediate): _____

Death benefit applied for (applicable for SPIA Life with % of Premium Death Benefit, etc.): \$ _____

Expected first year cost/annuity premium (e.g. initial premium): \$ _____

 Date (MM/DD/YYYY)

 Owner’s Signature

 Representative’s Signature

 Print name

 Print name

 Other required Signature (e.g., joint owner)

 Print name