

# New York Life Guaranteed Future Income Annuity II

## Application Kit - Florida

GFIACI-NOCAPP-523FL



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.

<b>ANNUITIES</b>	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

The illustration must be included with your paperwork in order to qualify for Quote Lock.

## 1. ANNUITY PLAN TYPE

Select **ONE** Plan Type. For Roth IRA, refer to the Roth IRA Acknowledgement Form, ANN19001.

## 2. ANNUITY PREMIUM PAYMENT AMOUNT

The minimum initial premium amount is \$5,000. Multiple sources can be used to fund the initial premium and additional premiums are allowed. Refer to the Additional Payments Form, ANN18951 for more information on additional premiums.

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.

## 3. OWNER

For an IRA plan type, the IRA Owner and the Primary Annuitant must be the same. For a Roth IRA plan type, the Owner and Annuitant must be the same. For a Non-Qualified plan type, if the Owner is an Individual, the Owner and Annuitant must be the same. For a non-living entity Owner such as a Trust, Corporation or any other legal entity, the Owner and Annuitant must be different. The Owner is responsible for any income tax. For Joint Ownership, see Section 4.

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 W-8 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 Plan Type only. Joint Owners must be Joint Annuitants and Spouses. Joint Ownership by non-living entities is not allowed. Please provide information on the Joint Owner, if applicable.

## 5. ANNUITANT

Only complete this section if the Owner is a non-living entity. Generally, the Owner will be the Annuitant.

## 6. JOINT ANNUITANT

Only complete this section if applying for a Joint Life Policy with one Owner. For a Qualified Joint Life policy, both Annuitants must be spouses. For a Non-Qualified Joint Life policy, both Owners and Annuitants must be the same and must be spouses.

## 7. PAYEE(S)

The Payee is the individual designated to receive the payments. Generally, the Payee will be the Owner. Please note that the Owner is responsible for any income taxes. The Owner may change the Payee at any time.

## 8. BENEFICIARY DESIGNATION

**Do not complete this section if the Life Only Annuity Income Payment Option is selected.** For all other income payment options, provide name, relationship to the Owner, date of birth, social security number or tax identification number, address, telephone number, and the percentage to be paid to each Beneficiary listed. 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.

## 9. DEATH BENEFIT COMMUTATION

If the Life with Installment refund or Life with Period Certain Income Payment option is selected, the Beneficiary may be given permission to receive, in one sum, the present value of any Annuity Income Payments remaining after the Annuitant's death. To make this selection, check the box as indicated.

## 10. ANNUITY INCOME PAYMENT INFORMATION

**A payment mode must be chosen. Select either Monthly, Quarterly, Semi-Annually or Annually.** To use Direct Deposit for your income payments, complete the Direct Deposit Authorization Form, ANN43108I.

**Important** – The Annuity Commencement Date selected will be when the processing occurs. Because of NYLIAC's payment processing requirements and, if applicable, the bank's processing requirements (in the case of Electronic Funds Transfer (EFT)), the initial and subsequent Annuity Income Payments may be received later than the scheduled payment date selected. An Annuity Income Payment scheduled for the 29th, 30th or 31st will be set to the 28th of the month.

## 11. ANNUITY COMMENCEMENT DATE

**Non-Qualified and Roth IRA Policies:** Annuity Income Payments must begin by the Annuitant's (older Joint Annuitant's, if applicable) age 85.

**Traditional IRA Policies:** Annuity Income Payments must begin April 1st following the year in which the Owner's age is 73 and the Joint Annuitant's, if applicable, age is 85.

**QLAC IRA Policies:** Owner should select an income start date between April 1st of the year following the year in which he/she turns 73 and the first day of the month immediately following his/her 85th birthday.

**Important** – The Annuity Commencement Date selected will be when the processing occurs. Because of NYLIAC's payment processing requirements and, if applicable, the bank's processing requirements (in the case of Electronic Funds Transfer (EFT)), the initial and subsequent Annuity Income Payments may be received later than the scheduled payment date selected. An Annuity Income Payment scheduled for the 29th, 30th or 31st will be set to the 28th of the month.

## 12. 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 plan types, provide the cost basis, check the box marked 1035 Exchange, and complete the 1035 Exchange Form, ANN43263F. For Qualified plan types, complete the Qualified Transfer/Direct Rollover Form, ANN43009FNS. Follow state replacement regulations and attach any required forms.

### 13. REDUCTION OF INCOME FOR JOINT ANNUITANT POLICIES

**Only available with Life Only and Life with Period Certain Income Payment options.** For the Life with Period Certain option, if one Annuitant dies during the guaranteed payment period, the payouts to the surviving Annuitant will not be reduced until the end of the Period. Check the box if the Owner wants to choose a Joint Life Policy with income payments reduced to 40% – 99% of the income amount following the death of either Annuitant. If the box is not checked, there will be no reduction of income at first death (100% to the Payee).

### 14. ANNUITY INCOME PAYMENT OPTIONS

Choose either Single Life or Joint Life and ONE payment option. Descriptions of the payment plans can be found on the application.

#### QUALIFIED PLANS ONLY IRS RESTRICTIONS ON POLICIES WITH GUARANTEED PERIOD

For tax-qualified plans, any Guaranteed Period elected must not exceed the IRA Owner/Annuitant's life expectancy in accordance with the Uniform Lifetime Table issued by the Internal Revenue Service. Per IRS Regulations, the **Maximum Guaranteed Period** you may choose is defined in the following chart:

Maximum Allowable Guaranteed Periods Per IRS Tables Based on IRA Owner's Age			
Age	Single Life & Joint Life Maximum Guaranteed Period	Age	Single Life & Joint Life Maximum Guaranteed Period
Age 18 to Age 69	30 yrs	80	20 yrs
70	29 yrs	81	19 yrs
71	28 yrs	82	18 yrs
72	27 yrs	83	17 yrs
73	26 yrs	84 - 85	16 yrs
74	25 yrs	86	15 yrs
75	24 yrs	87	14 yrs
76	23 yrs	88	13 yrs
77 – 78	22 yrs	89	12 yrs
79	21 yrs		

**Please note: the length of Maximum Guaranteed Period shown above may not be available to you depending on the aggregate premium in relation to your financial Net Worth and/or other IRS guidelines. For Joint Life Policies with Guaranteed Period, the reduction, if applicable, applies after the end of the guaranteed period if the policy is in effect.**

#### NON-QUALIFIED PLANS RESTRICTIONS ON POLICIES WITH GUARANTEED PERIOD

For non-qualified plans, any Guaranteed Period elected must not exceed the younger Annuitant(s) life expectancy in accordance with the above chart.

### 15. OPTIONAL FEATURE(S)

Payments can increase by 1% – 3% as selected. This option is not available if the Owner is under the age of 59½ when the Annuity Income Payments begin. This option cannot be cancelled or modified after issue and will apply to the entire Annuity Income Payment amount.

### 16. ADDITIONAL INFORMATION

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

**17. FRAUD AND DISCLOSURE STATEMENT**

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

**18. SIGNATURES, ACKNOWLEDGEMENTS 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.

**Notes: Form W-4P Withholding Certificate should be attached to the application. In addition, evidence of age is required (e.g., birth certificate, driver's license.)**

**PRODUCER'S STATEMENT**

The Representative/Agent must complete, sign and date this section. All questions, including the existing insurance and replacement questions, must be answered. If the Applicant (or Annuitant, if other than Applicant) is an active duty Service Member of the United States Armed Forces or a dependent family member of a Service Member, a completed copy of the Important Notice to Military Service Members And Their Dependents Form, GEN-MILIFORM, must be completed and returned to New York Life.

If you need assistance, please contact:

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

**Web Site**  
[www.newyorklifeannuities.com](http://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



**APPLICATION For Individual Flexible Premium Deferred Paid-Up Fixed Annuity  
New York Life Guaranteed Future Income Annuity II  
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


Please print or type

**1. ANNUITY PLAN TYPE**

Choose ONE Plan Type and complete the appropriate selection.

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

**Traditional IRA**

**Traditional IRA – Qualifying Longevity Annuity Contract (QLAC) – See Special Conditions noted throughout for this option.**  Current Year Contribution \$ \_\_\_\_\_ Year \_\_\_\_\_ Prior Year Contribution \$ \_\_\_\_\_ Year \_\_\_\_\_  Transfer  Rollover \$ \_\_\_\_\_ \$ \_\_\_\_\_

**Roth IRA**

**NOTE:** If this is a Traditional IRA, Traditional IRA (QLAC) 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.

(Note: No additional Premium Payments will be accepted within two years of the Annuity Commencement Date.)

**For QLAC IRA, your cumulative premium payments to all QLACs you own (whether or not issued under an IRA) cannot exceed the IRS limit amount specified on the QLAC Disclosure form (form number ANN19060).**

**Scheduled Premium Payments**  
(Note: Complete the Check-O-Matic form if you intend to have scheduled premiums.)

**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) Social Security/Tax I.D. Number  Male  Female

**Proof of Age Required**  
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

Telephone Number  Cell  Home  Business Email Address Relationship to Annuitant  Self  Other:

**4. JOINT OWNER**Available for Non-Qualified Plan Type **ONLY**. Joint Owners must be Joint Annuitants and Spouses.

First Name Middle Last Name Suffix

**Mailing Address**

Street 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

 Male Female**Proof of Age Required**

Country of Citizenship

 U.S. Other, Country Name:Telephone Number  Cell  Home  Business

Email Address

**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)

Social Security Number

 Male Female**Proof of Age Required**

Country of Citizenship

 U.S. Other, Country Name:Telephone Number  Cell  Home  Business

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)

Social Security Number

 Male Female**Proof of Age Required**

Country of Citizenship

 U.S. Other, Country Name:Telephone Number  Cell  Home  Business

Email Address

**7. PAYEE(S)**Recipient(s) of Annuity Income Payments. **Enter a Percentage Distribution for the Payee.** If same as Owner, check here . If same as Joint Owner, check here . If same as Annuitant, check here . If same as Joint Annuitant, check here . Otherwise, complete below.Percentage: \_\_\_\_\_% **(Enter a percentage distribution for Payee.)****NOTE:** If more than one Payee, list information for each additional Payee in Section 16 including the percentage of distribution for each. If more than one Payee and no percentage(s) are provided, payment will be divided equally. **PERCENTAGES FOR ALL PAYEES MUST TOTAL 100%.**

First Name Middle Last Name Suffix

**Mailing Address (Required)**

Street or P.O. Box City State Zip Code

Social Security Number/Tax I.D. Number

Country of Citizenship

 U.S. Other, Country Name:Telephone Number  Cell  Home  Business

Email Address



**8. BENEFICIARY DESIGNATION – LEAVE BLANK FOR LIFE ONLY**

**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 16 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). Payments guaranteed beyond 10 years may be distributed in a single sum.

**JOINT ANNUITANTS (MUST BE SPOUSES):** Death benefits before the Annuity Commencement Date will be paid on the death of the last surviving Annuitant. This may not apply if ownership is subsequently changed, or if you decline to designate your spouse as the sole Primary Beneficiary below.

**JOINT OWNERS AND JOINT ANNUITANTS:**

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/spouse before the Annuity Commencement Date. However, a spouse will not be permitted to treat the Policy as his or her own if the Policy would not comply with the distribution requirements of Code Section 401(a)(9) or any other legal requirement.


**ONE OWNER AND JOINT ANNUITANTS:**

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 as Owner if you die before the Annuity Commencement Date. However, a spouse will not be permitted to treat the Policy as his or her own if the Policy would not comply with the distribution requirements of Code Section 401(a)(9) or any other legal requirement.

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

**DECLINING TO DESIGNATE SURVIVING SPOUSE AS THE SOLE PRIMARY BENEFICIARY**

Unless the box below is checked, your spouse is automatically designated as the sole Primary Beneficiary of this Policy:

  **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.**

**ONE ANNUITANT:**

The Policy will end at the death of either the Owner or Annuitant regardless of any Beneficiary designation.

<input type="checkbox"/> <b>PRIMARY</b> or <input type="checkbox"/> <b>CONTINGENT</b> 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"/> <b>PRIMARY</b> or <input type="checkbox"/> <b>CONTINGENT</b> 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"/> <b>PRIMARY</b> or <input type="checkbox"/> <b>CONTINGENT</b> 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"/> <b>PRIMARY</b> or <input type="checkbox"/> <b>CONTINGENT</b> 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

## 9. DEATH BENEFIT COMMUTATION

Available only for Life With Installment Refund or Life With Period Certain Income Payment options.

By checking this box, you give permission to your Beneficiary(ies) to receive, in one sum, the present value of any Annuity Income Payments remaining after the Annuitant's death. 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. The Owner may change this selection.

## 10. ANNUITY INCOME PAYMENT INFORMATION

**Important Note:** Because of NYLIAC's payment processing requirements and, if applicable, your bank's processing requirements (in the case of Electronic Funds Transfer (EFT)), you may receive your initial and subsequent Annuity Income Payments later than the scheduled Payment Date you select.

**Frequency of Annuity Income Payments:** Choose **ONE**  Monthly  Quarterly  Semi-annually  Annually

## 11. ANNUITY COMMENCEMENT DATE

**Non-Qualified and Roth IRA Policies:** Annuity Income Payments must begin by the Annuitant's (older Joint Annuitant's, if applicable) **age 85**.

**Traditional IRA Policies:** Annuity Income Payments must begin by April 1<sup>st</sup> following the year in which the Owner's age is 73 and the Joint Annuitant's, if applicable, age is 85.

**QLAC IRA Policies:** Annuity Income Payments must begin by the first day of the month following the Owner's **85<sup>th</sup> birthday**.

**IMPORTANT NOTE:** If the date you select falls on any day which is not a business day (e.g. weekend or holiday), NYLIAC will initiate the payment on the following business day. NYLIAC's payment processing requirements and, if applicable, your bank's processing requirements (in the case of Electronic Funds Transfer (EFT)), may result in your receipt of your initial and subsequent Annuity Income Payments later than the scheduled Payment Date you select below. You should avoid using the 29th, 30th or 31st of any month.

Select an **Annuity Commencement Date** \_\_\_\_\_ (mm/dd/yyyy). This date must be at least two (2) years from the Application Signed Date; and no later than forty (40) years from the Application Signed Date. **Note for Qualified Policies: Your ability to change the Annuity Commencement Date to an earlier date will be subject to the Internal Revenue Service's required minimum distribution rules.**

## 12. REPLACEMENT INFORMATION

If "Yes" to A or B, provide Policy information below. Use Section 16 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

## 13. REDUCTION OF INCOME FOR JOINT ANNUITANT POLICIES

Payments will continue as long as one Annuitant is living. Unless a box below is checked (or the conditions described below for non-spousal Joint Annuitants exist, there will be no reduction of income at first death (100% to Payee(s)).

**Note: Reduction of Income is only available for the Life Only and Life with Period Certain Annuity Income Payment options.**

**Reduction of Income, if selected, will apply even if a Joint Annuitant dies before the Annuity Commencement Date.**

**Qualified Joint Life Policies with Non-Spousal Joint Annuitant** - Generally, IRS regulations require a reduction of survivor income if the IRA Owner's Age exceeds that of a non-spousal Joint Annuitant by more than 10 years (after age adjustment, if required). IRA Owner must be Primary Annuitant and reduction is applicable only upon the death of IRA Owner. See Instructions section for age and income adjustments using the Maximum Allowable Survivor Percentage Worksheet.

**Please select one of the following. If no selection is made, the default income is 100% to the Payee(s), subject to the limitations in the instructions above.**

**For Life with Period Certain Policies, any reduction of income applies after the end of the Period Certain, if the Policy is still in effect.**

No reduction of income at first death (100% to Payee(s)).

Income reduced to \_\_\_\_\_% (40% to 99%) of income to Payee(s) at the death of either Annuitant.

**(Available for Non-Qualified, Roth IRA and Traditional IRA plans)**

**(Not available for Qualified Joint Life Policies with Non-Spousal Joint Annuitant)**

Income reduced to \_\_\_\_\_% (40% to 99%) of income to Payee(s) at death of Primary Annuitant\*

**(Only available for Traditional IRA plan)** \*Primary Annuitant is the Annuitant named in Section 5.

#### 14. ANNUITY INCOME PAYMENT OPTIONS

Choose either SINGLE or JOINT LIFE.

SINGLE LIFE

JOINT LIFE

Choose **ONE** Payment Option. **For QLAC IRA, Life Only and Life With Cash Refund are the only options available.**

**LIFE ONLY** – Provides Annuity Income Payments, guaranteed for the life of the Annuitant(s), beginning on the Annuity Commencement Date.

**Death Benefit before the Annuity Commencement Date: None**

**Death Benefit after the Annuity Commencement Date: None**

**LIFE WITH CASH REFUND** – Provides Annuity Income Payments, guaranteed for the life of the Annuitant(s), beginning on the Annuity Commencement Date.

**Death Benefit before the Annuity Commencement Date: Return of the Premium Payment(s)**

**Death Benefit after the Annuity Commencement Date:** If the Annuitant(s) dies and 1) the sum of the Annuity Income Payments received is less than the Premium Payment(s), the difference will be paid to the Beneficiary(ies) in one sum; or 2) the sum of Annuity Income Payments received equals or exceeds the Premium Payment(s), there will be no death benefit.

**LIFE WITH INSTALLMENT REFUND (Not Available as QLAC IRA)** – Provides Annuity Income Payments, guaranteed for the life of the Annuitant(s), beginning on the Annuity Commencement Date.

**Death Benefit before the Annuity Commencement Date: Return of the Premium Payment(s)**

**Death Benefit after the Annuity Commencement Date:** If the Annuitant(s) dies and 1) the sum of the Annuity Income Payments received is less than the Premium Payment(s), scheduled Annuity Income Payments will continue to be paid to the Beneficiary(ies) until the sum of the Annuity Income Payments received equals the Premium Payment(s); or 2) the sum of the Annuity Income Payments received equals or exceeds the Premium Payment(s), there will be no death benefit.

**LIFE WITH PERIOD CERTAIN \_\_\_\_\_ YEARS** (Enter number of whole years between and including 10 and 30) **(Not Available as QLAC IRA)** – Provides Annuity Income Payments, guaranteed for the longer of the Period Certain selected or the life of the Annuitant(s), beginning on the Annuity Commencement Date.

**Death Benefit before the Annuity Commencement Date: Return of the Premium Payment(s)**

**Death Benefit after the Annuity Commencement Date:** If the Annuitant(s) dies: 1) before the Period Certain ends, scheduled Annuity Income Payments will be paid to the Beneficiary(ies) for the remainder of the Period Certain; or 2) after the Period Certain ends, there will be no more payments of any kind, including a death benefit.

#### 15. OPTIONAL FEATURE(S)

**Annual Increase Option (Inflation Adjustment)** - Not available if the Owner is under the age of 59½ when the Annuity Income Payments begin. This option cannot be cancelled or modified after issue and will apply to the entire Annuity Income Payment amount.

Payments will increase by: \_\_\_\_\_% (Enter a whole number between and including 1% and 3% only)

#### 16. ADDITIONAL INFORMATION

Attach a separate sheet if additional space is needed.

#### 17. FRAUD AND DISCLOSURE STATEMENT

##### FRAUD WARNING

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

## 18. 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 are true to the best of my/ our knowledge and belief. **(2) This Policy will not become effective unless it is issued to the Owner while the Owner(s) and Annuitant(s) is/are living.** (3) Unless otherwise indicated, the Owner of this Policy is the Applicant. (4) Under penalties of perjury, the Social Security/Taxpayer Identification Numbers provided on this application are certified to be correct. (5) 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. (6) I/We understand that the annuity is not backed or guaranteed by any bank or insured by the FDIC. (7) This Policy is irrevocable. It cannot be cancelled after the free look period and can never be surrendered or exchanged because it has no cash value. (8) Lump sum withdrawals are not available. (9) I have read and understand the material features of the Annuity Income Payment options and death benefits described in Section 14 of this application. (10) I understand that there is no death benefit, before or after the Annuity Commencement Date, if I select the Life Only Annuity Income Payment option. (11) If this Policy is intended to be a QLAC IRA, I understand that the total Premium Payments must be within the limits currently shown in Section 2, subject to future adjustments by the IRS.

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 applicable)	
▲ Agent's/Representative's Name (printed, typed or stamped)		▲ Agent's/Representative's Florida License Identification Number	

### Agent's/Representative's response required:

Does the applicant have any existing life insurance or annuity policies?  Yes  No

Is this a replacement of a life insurance or annuity policy?  Yes  No

If you have answered "Yes" to either question, please complete and submit the required replacement forms.

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

<b>PRODUCER'S STATEMENT:</b>	
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 <b>follow state replacement regulations and attach any required replacement forms.</b>
5. Indicate which proof of age document is attached to the application:	<input type="checkbox"/> Driver's License/State Issued ID <input type="checkbox"/> Passport <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Military ID
6. Is the Applicant (or Annuitant, if other than Applicant) an active Service Member of the United States Armed Forces or a dependent family member of a Service Member?	<input type="checkbox"/> Yes <input type="checkbox"/> No If you have answered "Yes", please submit a copy of the completed Important Notice to Military Service Members and Their Dependents Form provided to the Member or dependent family member.
7. 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.
7b. Is the Owner of the Policy a Grantor Trust?	If "Yes" and the Grantor is an individual, please complete and submit the required Grantor Trust Form, ANN18952.
<b>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.</b>	
<b>Guaranteed Future Income Annuity II Compensation Option</b> <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	
<b>▲ Representative's/Agent's Signature</b>	<b>▲ DATE SIGNED</b>
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	Street City State Zip Code

(11/2021)

**REMEMBER TO:**

- ENSURE THE CLIENT SIGNS SECTION 18 IN ALL NECESSARY PLACES. PLEASE PAY SPECIAL ATTENTION IF THERE IS A JOINT OWNER AND / OR JOINT ANNUITANT.
- ATTACH COPY OF PROOF OF AGE FOR EACH ANNUITANT** – REFER TO QUESTION 5 IN PRODUCER'S STATEMENT ABOVE FOR ACCEPTABLE FORMS OF ID.
- ENSURE THE REPRESENTATIVE COMPLETES AND SIGNS THE PRODUCER'S STATEMENT.
- MAKE CHECKS PAYABLE TO NYLIAC.

MAIL YOUR COMPLETED APPLICATION 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



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