



# Direct Deposit Authorization



**Phone:** (800) 762-6212

**Fax:** (866) 858-8956 Attn: NYL Annuities

Log in to your account to upload the form and expedite its delivery, or scan the QR code to determine if this transaction can be processed online immediately.

[www.newyorklifeannuities.com](http://www.newyorklifeannuities.com)

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:**

**Fax:** Attn: NYL Annuities – (866) 858-8956

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

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