



## Inherited Individual Retirement Annuity/Account (IRA) Information/Transfer Form

Unless otherwise indicated, this information applies to both traditional and Roth Inherited IRAs.

This form, along with a policy application, an Inherited IRA Information Disclosure Statement, and if required, a state replacement form, must be used when any of the following occurs:

1. Transferring funds from another financial institution into an existing or new Inherited IRA or Inherited Roth IRA with New York Life Insurance and Annuity Corporation (NYLIAC)
2. Transferring funds from a decedent's traditional IRA or Roth IRA issued by NYLIAC into an existing or new Inherited IRA or Inherited Roth IRA issued by NYLIAC

(Note: If there are any undistributed Required Minimum Distributions ("RMDs") with respect to the transferring traditional IRA or Eligible Retirement Plan\* for the year in which the transfer occurs or any prior year, such amounts are not eligible to be transferred into this Inherited traditional or Inherited Roth IRA. You should consult your tax advisor and request such RMD information from the transferring IRA provider or plan administrator.)

\*An Eligible Retirement Plan includes a section 401(a) qualified plan, a section 403(b) tax sheltered annuity, or an eligible governmental section 457 plan.

**IMPORTANT NOTE:** Requirements for the timing of payments under your NYLIAC Inherited IRA or Inherited Roth IRA differ depending on whether you qualify as an eligible designated beneficiary ("EDB") under the Internal Revenue Code ("IRC"). An EDB is an individual who, at the time of the original Deceased Owner's death, is: 1) the Deceased Owner's spouse; 2) the Deceased Owner's minor child until he or she reaches age 21; 3) disabled or chronically ill, as determined by the IRC, (including certain trusts for the disabled or chronically ill); or 4) not more than 10 years younger than the Deceased Owner. For EDBs, proceeds under your NYLIAC Inherited IRA or Inherited Roth IRA are permitted to be distributed over your life or a period not exceeding your life expectancy if distributions start by December 31 following the year the original Deceased Owner died. For individuals who are not EDBs, all proceeds must be distributed from your NYLIAC Inherited IRA or Inherited Roth IRA by the end of the 10<sup>th</sup> calendar year following the Deceased Owner's year of death. If the Original Owner died on or after their Required Beginning Date a non-EDB is required to take RMDs each year during the 10-year period.

### I. Indicate Type of Transaction (Choose One)

- A. ☐ A direct transfer of funds by a beneficiary (including a trust\*\*) from a decedent's traditional IRA or Eligible Retirement Plan into a new or existing Inherited IRA. (Note for EDBs: The Inherited IRA must be established by, and the first RMD is due by, December 31st of the year following the year of death in order to be eligible to receive the proceeds over your lifetime. Otherwise, if the Original Owner died before their Required Beginning Date the EDB will be required to receive all proceeds by the end of the 10th calendar year following the Deceased Owner's year of death. This is the maximum distribution period permitted by the tax code and is not based on the issue date of the policy you are applying for.)
- B. ☐ A direct transfer of funds by a beneficiary (including a trust\*\*) from a decedent's Roth IRA or Eligible Retirement Plan to establish a new or existing NYLIAC Inherited Roth IRA. Note: Applicable only to Guaranteed Lifetime Income Annuity II, Guaranteed Period Income Annuity II, Variable Annuities and Fixed Annuities. A transfer from a decedent's eligible retirement plan to an Inherited Roth IRA is a taxable conversion to the extent the funds transferred are pre-tax. Please consult with your tax advisor for additional information.

If RMDs under the NYLIAC Inherited IRA policy are required to be determined based on another person's life expectancy, please complete Section V. This may be required if there are multiple beneficiaries and separate accounts for each beneficiary have not been timely established, or if the beneficiary is a qualifying trust. For more information, see the Inherited IRA Information Disclosure Statement (Q&A 11 for immediate annuities Form #ANN18831 and Q&As 14 and 15 for deferred annuities Form #ANN18753).

**Note:** To request your RMD, please complete a NYLIAC withdrawal form.

The proceeds for the above transaction will be applied to: (check the appropriate box)

☐ New Annuity Policy Number: \_\_\_\_\_ ☐ Existing Annuity Policy Number: \_\_\_\_\_

\*\*Trust Beneficiaries: A trust named as a beneficiary under an IRA or Eligible Retirement Plan can establish an Inherited IRA if certain requirements are satisfied. For more information, see the Inherited IRA Information Disclosure Statement, (Q&A 11 for immediate annuities and Q&A 15 for deferred annuities).

## II. Present Financial Institution Information

Name of Financial Institution: \_\_\_\_\_  
Mailing Street Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

You should contact the present financial institution to determine if there are any special requirements/paperwork for transferring of a decedent's IRA.

## III. Required information about the Original Owner's IRA or Eligible Retirement Plan

Original Owner's Name: \_\_\_\_\_  
Date of Death: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Decedent's relationship to the Applicant/Annuitant: \_\_\_\_\_  
IRA contract/account number(s): \_\_\_\_\_  
\_\_\_\_\_  
Inherited IRA contract/account number (if applicable): \_\_\_\_\_  
For Inherited Roth IRA, give year Deceased Owner made first contribution to the Roth IRA: \_\_\_\_\_  
Eligible Retirement Plan account/contract number(s) (if applicable): \_\_\_\_\_  
\_\_\_\_\_

## IV. Required information about the Deceased Original Beneficiary (Applicable only if you inherited an Inherited IRA from a deceased beneficiary)

Deceased Original Beneficiary's Name: \_\_\_\_\_  
Date of Death: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Decedent's relationship to the Applicant/Annuitant: \_\_\_\_\_  
Decedent's relationship to the Original Owner: \_\_\_\_\_  
Was the Decedent Disabled or Chronically ill, as defined by the IRC? ☐ Yes ☐ No  
Inherited IRA contract/account number (if applicable): \_\_\_\_\_  
For Inherited Roth IRA, give year Original Deceased Owner made first contribution to the Roth IRA: \_\_\_\_\_  
Eligible Retirement Plan account/contract number(s) (if applicable): \_\_\_\_\_

## V. Required information about the Applicant/Annuitant

Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Taxpayer I.D. Number : \_\_\_\_\_  
Are you chronically ill or disabled as defined by the IRC? ☐ Yes ☐ No

Please provide the information below **only** if the RMD for your policy is based on someone else's life expectancy "(for example, the original IRA or eligible retirement plan has multiple individual beneficiaries or the beneficiary is a qualifying see-through trust and the "designated beneficiary" (measuring life) for RMD purposes is someone other than you). Please note that you are solely responsible for determining the designated beneficiary under the original IRA or eligible retirement plan and that NYL will rely on this information for purposes of calculating RMDs under your Inherited IRA policy. If you need help in determining who the designated beneficiary is for RMD purposes, you should consult your personal tax advisor." *Please speak to your tax advisor and see the Inherited IRA Information Disclosure Statement (Q&A 11 for immediate annuities Form # ANN18831 and Q&As 14 & 15 for deferred annuities Form # ANN18753).*

Date of Birth used to determine RMDs: \_\_\_\_\_

## VI. Transfer Request

I authorize NYLIAC to receive and/or provide information concerning the account/contract/policy identified herein. I hereby request the transfer of the funds in the above contract(s)/account(s) to NYLIAC. (Check the appropriate boxes.) If no election is made, the default will be pro-rata.

### Transfer proceeds:

☐ Immediately

☐ Before Maturity of \_\_\_\_\_ → New York Life will request funds from the other carrier before this date.  
(mm/dd/yyyy)

☐ After Maturity of \_\_\_\_\_ → New York Life will request funds from the other carrier on the business day  
(mm/dd/yyyy) prior to this date.

### Type of Transfer:

☐ Full Transfer ☐ Partial Transfer \$ \_\_\_\_\_ ☐ Pro-rata or Fund Name(s) \_\_\_\_\_

I, the undersigned, request that you directly transfer the amount specified above to NYLIAC. Please do not withhold any amount for taxes from the funds. It is my intention that this redemption and payment shall not constitute either actual or constructive receipt of income for federal income tax purposes, and would therefore qualify as a direct transfer of assets. There will be no initial sales charge on the annuity purchased, but the deferred annuity contracts may contain a surrender charge. I request that my name does not appear as a joint payee on the check nor shall any endorsement thereon be necessary for transfer or deposit. I request that the funds be made payable to NYLIAC. I hereby certify that I have satisfied all applicable requirements under the Internal Revenue Code ("IRC") and related Treasury Regulations for establishing and transferring funds into this Inherited IRA policy, and that, if this transfer is being made from an Eligible Retirement Plan, such Eligible Retirement Plan permits direct rollovers of distributions by nonspouse beneficiaries.

I understand that I am solely responsible for the tax consequences of this transfer, including but not limited to, compliance with the required minimum distribution rules applicable to Inherited IRAs and my qualification as either an EDB or Non-EDB, under the IRC, which determines the length of time I'm eligible to receive the proceeds. I further understand that NYLIAC, its agents and employees may not provide tax or legal advice.

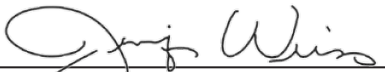


\_\_\_\_\_  
Applicant/Annuitant Signature

\_\_\_\_\_  
Date Signed

### Acceptance of Transfer

As the issuer of an Inherited Individual Retirement Annuity as described in IRC Section 408(b), or IRC Section 408A(b), as applicable, NYLIAC agrees to accept the funds. When we receive the funds, we will issue the new policy provided that the amount and the proposed annuitant's age meet our policy issuance rules. If not, we will return the funds to the financial institution.

  
\_\_\_\_\_  
Jennifer M. Weiss - Vice President

### To the Transferring Financial Institution

As the issuer, trustee, or custodian of the current policy or account, you are authorized and directed to transfer the amount specified above. Please reference the new policy number: \_\_\_\_\_ on the check.

### Please make check payable to:

NYLIAC for the benefit of \_\_\_\_\_,

beneficiary of \_\_\_\_\_.

### Mail your check and completed form to:

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

**Overnight Mailing Address:** NYL Annuities - TPD, 400 White Clay Center Drive, Attn: LOCKBOX # 7390, Newark, DE 19711

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.

Variable Annuities offered through properly licensed registered representatives of a third party registered broker dealer.