LARGE CASE ANNUITY QUESTIONNAIRE FOR PREMIUMS $2 MILLION OR ABOVE

(Note: Responses to all questions are required.)

<table>
<tr><th colspan="6">OWNER
Note: If there is a joint owner, please provide the same information in the Additional Information section.</th></tr>
<tr><td colspan="6">☐ Individual ☐ Corporation ☐ LLC ☐ Partnership ☐ Grantor Trust ☐ Trust ☐ Other: ____________________
Note: If Trust, LLC, Partnership, Corporation, or any other entity type, please provide the entity formation documents. If Trust, please provide the name, residence address and SSN of the trustee(s).</td></tr>
<tr><td colspan="2">☐ Male ☐ Female</td><td colspan="4">Date of Birth (mm/dd/yyyy)</td></tr>
<tr><td colspan="6">First Name or Trust/Corporation Name Middle Last Name Suffix</td></tr>
<tr><td colspan="2">Address</td><td colspan="2">City</td><td>State</td><td>Zip Code</td></tr>
<tr><td>Social Security/Tax I.D. Number</td><td colspan="2">Country of Citizenship
☐ U.S.☐ Other, Country Name:</td><td colspan="3">If you checked “Other” under Country of Citizenship, are you a U.S. Resident Alien? ☐ Yes ☐ No</td></tr>
<tr><td colspan="2">**Owner’s Annual Income:**</td><td colspan="4">**Owner’s Occupation (If retired, please provide previous occupation):**</td></tr>
<tr><td colspan="6">**Employer’s Business Name and Address:**</td></tr>
<tr><td colspan="6">**Owner’s Liquid Net Worth:** __________________
Note: Liquid Net Worth is your net worth minus assets that may not be easily converted to cash such as the value of real estate, personal property, automobile(s), or business interest only cash assets or assets easily convertible to cash. While this may include retirement assets, you should consider any applicable tax penalties or other charges, fees or restrictions before including these types of assets.</td></tr>
<tr><th colspan="6">ANNUITANT
☐ Check here if same as Owner
Note: If there is a joint annuitant, please provide the same information in the Additional Information section</th></tr>
<tr><td colspan="2">☐ Male ☐ Female</td><td colspan="4">Date of Birth (mm/dd/yyyy)</td></tr>
<tr><td colspan="6">First Name Middle Last Name Suffix</td></tr>
<tr><td colspan="2">Address</td><td colspan="2">City</td><td>State</td><td>Zip Code</td></tr>
<tr><td>Social Security Number</td><td colspan="2">Country of Citizenship
☐ U.S.
☐ Other, Country Name:</td><td colspan="3">Relationship to Owner</td></tr>
<tr><th colspan="6">SOURCE OF FUNDS</th></tr>
<tr><td colspan="2">**What is the premium amount?**</td><td colspan="4">**When will it be paid to New York Life?**</td></tr>
<tr><td colspan="6">**How will these funds be transmitted (check box)?**
☐ Personal check ☐ Wire Transfer ☐ Other (please describe) ______________________________________</td></tr>
<tr><td colspan="6">**Are these funds currently in the U.S.?** ☐ Yes ☐ No (If not, please advise what country they are currently held in.)</td></tr>
</table>

Source of funds to be invested:

☐ Employment/Savings/Investments (Please provide the past 4 quarters of account statements.)

☐ One Time Event - e.g. sale of property, legal settlement, etc. (Please provide supporting legal documents.)

☐ Inheritance/ Gift (Please provide name and relationship to the client of the grantor along with supporting documentation of the inheritance/gift.)

☐ Other - i.e.: premium finance or loan. (Please include name of other financial institution and provide financing documentation.)

☐ Existing NYL Annuity- List policy numbers and amount of surrender charge (if any) ______________________

____

☐ Annuity with another insurance company- Please provide a recent quarterly statement and amount of surrender charge (if any) ____

Is this a replacement (defined as the purchase of an annuity 13 months before or after the liquidation of an individual life/annuity policy)? ☐ Yes (where are the funds currently held?) ______________________ ☐ No

If the Source of Funds is an annuity, please include information on any of the optional benefits, including current guaranteed amounts and date(s), or other features on the current annuity below.

Variable / Fixed Indexed Annuities

☐ Guaranteed Minimum Income Benefit

☐ Guaranteed Lifetime Withdrawal Benefit

☐ Guaranteed Minimum Death Benefit

☐ Guaranteed Minimum Accumulation Benefit

Fixed Annuities

☐ Guaranteed Minimum Interest Rate

Current Interest Rate on Fixed Account Option ______%

Rider Details: ____________________________________

____

Are the funds held within the U.S.? ☐ Yes ☐ No (If not, what country are the funds held in? _____________

PRODUCT INFORMATION

Type of Annuity Requested (check box):

☐ Income Annuity ☐ Fixed Deferred Annuity ☐ Variable Annuity

What is the purpose of this annuity?

Is there any additional information that may help us evaluate this request?

STATEMENTS AND SIGNATURES

We will require financial statements for the person or entity applying for the annuity being purchased. For an individual, the statements must be sufficient to show approximate annual income over the last two years (including those of any spouse). For an entity, the latest annual report or other audited financial statement should be provided. If the funds are coming from a source other than the purchase, a letter of intent from the person who holds title to the funds is required as well as supporting documentation evidencing the source of funds. The purpose of this questionnaire is to provide New York Life Insurance and Annuity Corporation (NYLIAC) with information to help it evaluate whether to proceed in the application of the proposed annuity. Providing this information does not create any obligation or commitment whatsoever between NYLIAC (including any of its successors, assignees, affiliates, subsidiaries, directors, officers, agents and employees) and any other party. All questions must be answered completely; if not, NYLIAC reserves the right to cease further evaluation of the annuity being applied for. **We reserve the right to request additional information.** By signing below, the applicant understands and agrees that a financial investigation may be conducted by one or more independent organization(s) in conjunction with the processing of the application and hereby consents to such investigation for this purpose.

SIGN HERE

_______________________________ _______________________________

Name of Agent **Signature of Agent**

SIGN HERE

_______________________________ _______________________________

Name of Purchaser **Signature of Purchaser**

_______________________________ _______________________________

Date **Date**

ADDITIONAL INFORMATION