



Ownership/Beneficiary Change Form For New York Life Income Annuities

Online: www.newyorklifeannuities.com **Phone:** (800) 762-6212 **Fax:** (302) 781-1780 Attn: NYL Annuities

Fill in your policy details below and complete the section(s) that applies to the changes you would like to make.

- | | |
|--|--|
| <input type="checkbox"/> Ownership, Sections 1 and 6 | <input type="checkbox"/> Beneficiary, Sections 3 and 6 |
| <input type="checkbox"/> Successor Ownership, Sections 2 and 6 | <input type="checkbox"/> Additional Information, Section 5 |

Policy number(s)	Email Address	Date of Birth (mm/dd/yyyy)
Owner (first, middle initial, last)	Social Security or Tax ID number	Telephone number
Owner Mailing Address	City	State Zip Code
Joint Owner, if any (first, middle initial, last)	Social Security or Tax ID number	Telephone number

1. OWNERSHIP CHANGE

An ownership change may have tax implications. If the new owner is a non U.S. citizen, a completed W-8 or W-9 is required. If the new owner is a Resident Alien, please send a copy of Green Card. For more information, contact your tax adviser.

If changing the ownership to a Trust, please provide a copy of Trust Agreement, including the title page, signature page, and any applicable trustee designation pages and amendments to the Trust. A completed W-8 or W-9 is required. If changing ownership to a grantor trust, please be aware that our contract requires the death benefit to be paid upon the grantor's death, which could result in adverse tax consequences if the grantor and the annuitant are not the same person. For this reason, we strongly advise you to consult with your tax advisor prior to effecting such change.

If changing ownership to a Corporation, please provide a copy of the Corporate Resolution. For Corporations or Entities within the United States, a completed W-9 form is required. For those outside the domicile of the United States, tax certification is required. Please refer to the Internal Revenue Service website at www.irs.gov for the appropriate W-8 tax form.

The existing Beneficiary(ies) Designation on the Company's records will continue as is unless a new Beneficiary(ies) Designation is requested by the New Owner(s). To request a new Beneficiary(ies) Designation, please see Section 3.

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OWNERSHIP CHANGE

Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you change policy ownership, we will ask for the new owner's name, address, date of birth, and other information that will allow us to identify the new owner. We may also ask to see the new owner's driver's license or other identifying documents.

New Owner				
Name (first, middle initial, last)			Email Address	
Relationship to Annuitant <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Other:		Social Security or Tax ID number	Date of Birth (mm/dd/yyyy)	<input type="checkbox"/> Male <input type="checkbox"/> Female
Country of Citizenship <input type="checkbox"/> U.S. <input type="checkbox"/> Other, Country Name:		If you check "Other" under Country of Citizenship, are you a U.S. Resident Alien? <input type="checkbox"/> Yes <input type="checkbox"/> No	Telephone number	
If mailing address is different than residential address or a P.O. Box, please provide residential address.				
Mailing Address	Street or P.O. Box		City	State Zip Code
Residential Address	Street (P.O. Box not acceptable)		City	State Zip Code
New Joint Owner				
Name (first, middle initial, last)			Email Address	
Relationship to Owner <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Other:		Social Security or Tax ID number	Date of Birth (mm/dd/yyyy)	<input type="checkbox"/> Male <input type="checkbox"/> Female
Country of Citizenship <input type="checkbox"/> U.S. <input type="checkbox"/> Other, Country Name:		If you check "Other" under Country of Citizenship, are you a U.S. Resident Alien? <input type="checkbox"/> Yes <input type="checkbox"/> No	Telephone number	
If mailing address is different than residential address or a P.O. Box, please provide residential address.				
Mailing Address	Street or P.O. Box		City	State Zip Code
Residential Address	Street (P.O. Box not acceptable)		City	State Zip Code

The current Owner(s) and the New Owner(s) must sign and complete section 6.

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.

2. SUCCESSOR OWNER DESIGNATION OR CHANGE (For Non-Qualified policies only)

If no Successor Owner is named, or if no Successor Owner survives the Owner, and the Owner dies while the Annuitant is living, the Owner's estate becomes the new Owner. If the Owner wishes to name a Successor Owner, or designate a different Successor Owner, the Owner must complete this section. If the Successor Owner becomes the Owner, we will validate all necessary information of the Successor Owner. Any existing Successor Owner designation terminates automatically if ownership is changed, a new Successor Owner is designated, or the Successor Owner dies while the Owner is living.

New Successor Owner					
Name (first, middle initial, last)				Relationship to Annuitant	
Social Security or Tax ID number	Date of Birth (mm/dd/yyyy)	<input type="checkbox"/> Male <input type="checkbox"/> Female	Country of Citizenship <input type="checkbox"/> U.S. <input type="checkbox"/> Other:	Telephone number ()	
Mailing Address	Street or P.O. Box	City	State	Zip Code	

Please also complete Section 5.

3. BENEFICIARY CHANGE

The beneficiaries named here will replace all previous beneficiaries. A percentage for each named individual is required. New York Life will pay equal percentages to the named beneficiaries if no percentage is provided. If naming a Trust as the beneficiary, please provide those pages of the Trust that show the name of the Trust, the Trust date, and the name(s) and the signature of the Trustees. **Percentages must total 100%.**

For Traditional, Roth and SEP 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 ("EDBs") 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 non-eligible, and all proceeds must be distributed to them 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) regardless of whether the policy has guaranteed payments in excess of 10 years. This may result in receiving, in one sum, the guaranteed payments in excess of 10 years.

For Inherited IRA and Inherited Roth IRA Plan Types: After your death, your Beneficiaries may be limited to a distribution period that does not exceed 10 years from the end of the year following the year of death of the original IRA owner or retirement plan participant.

<input type="checkbox"/> Surviving Owner or Surviving Spouse Under Joint Spousal Ownership (For Non-Qualified funds only) (if you select this option, complete below only for Contingent Beneficiaries)				
<input type="checkbox"/> FIRST or <input type="checkbox"/> SECONDARY BENEFICIARY Full Name/Entity Name	Social Security or Tax ID Number	Relationship to Owner		Percentage %
	Telephone	Date of Birth (mm/dd/yyyy)		
	Email Address			
Address:	Street	City	State	Zip Code
<input type="checkbox"/> FIRST or <input type="checkbox"/> SECONDARY BENEFICIARY Full Name/Entity Name	Social Security or Tax ID Number	Relationship to Owner		Percentage %
	Telephone	Date of Birth (mm/dd/yyyy)		
	Email Address			
Address:	Street	City	State	Zip Code

3. BENEFICIARY CHANGE (continued)

<input type="checkbox"/> FIRST or <input type="checkbox"/> SECONDARY BENEFICIARY Full Name/Entity Name	Social Security or Tax ID Number	Relationship to Owner	Percentage %	
	Telephone	Date of Birth (mm/dd/yyyy)		
	Email Address			
Address:	Street	City	State	Zip Code

<input type="checkbox"/> FIRST or <input type="checkbox"/> SECONDARY BENEFICIARY Full Name/Entity Name	Social Security or Tax ID Number	Relationship to Owner	Percentage %	
	Telephone	Date of Birth (mm/dd/yyyy)		
	Email Address			
Address:	Street	City	State	Zip Code

Please also complete Section 6.

4. AGENT/BROKER DEALER REMOVAL (Required for Custodial to Individual Ownership Changes)

By checking this box, you are requesting to remove the agent and broker dealer from your policy. Your policy will be listed under a New York Life House Account and only authorized parties on file will be able to obtain policy specific information. If you would like to add a new agent and broker dealer to your policy, submit a completed Agent/Broker Dealer Change form (AGBDFORM).

5. ADDITIONAL INFORMATION

6. REQUIRED SIGNATURES

Your signature confirms that all information on this form is correct. You are aware that an ownership change may have tax implications. Please consult with your tax adviser.



Owner's Signature Date



Joint Owner's Signature (if applicable) Date

Owner Tax Certification: Under penalties of perjury, I certify that: (1) My Social Security Number or Tax ID Number shown on this form 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 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 IRS 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.



New Owner's Signature Date



New Joint Owner's Signature (if applicable) Date



Successor Owner Date



Joint Successor Owner's (if applicable) Date

Send your completed form 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

Fax: Attn: NYL Annuity Service Center, (302) 781-1780
