



Transfer/Direct Rollover Form

For Qualified Policies Only

This form along with an application, proper disclosure documents, and state replacement forms, if applicable, may be used to process an IRA transfer or direct rollover of tax-qualified funds into an IRA. For Inherited IRAs, or Inherited Roth IRA's use the Inherited Individual Retirement Annuity/Account (IRA) Information/Transfer Form. To institute the transfer of funds to New York Life Insurance and Annuity Corporation (NYLIAC), complete this form, and we will initiate the transfer from your present financial institution.



Before completing this form, you should contact the present financial institution to determine if they have any special requirements/paperwork for liquidation. Some financial institutions may require original forms, a wet signature on paper forms, or other specific forms.

1 This transaction qualified as a:

IRA to IRA Transfer

Roth IRA to Roth IRA Transfer*

Pension/401(k)/403(b)/457 Direct Rollover into an IRA

Other (please provide type of transfer/rollover) _____

*Transfers to a Roth IRA are allowed only from another Roth IRA, not from other tax-qualified accounts, such as a traditional IRA or a Simplified Employee Pension (SEP) IRA. Other forms may be required when applying for a Roth IRA. If this transfer is from another Financial Institution's Roth IRA to a Roth IRA funded by a NYLIAC annuity, please check (✓) one:

Contributory Roth IRA Transfer Year of Initial Contribution: _____

Conversion Roth IRA Transfer Year of Original Conversion: _____

Roth IRA Cost Basis \$ _____

2 Present Financial Institution Information	Proposed Financial Institution Information
<input type="checkbox"/> Fixed Annuity <input type="checkbox"/> Variable Annuity <input type="checkbox"/> Mutual Fund <input type="checkbox"/> Other	
Name of Financial Institution _____	Policy Owner _____
Mailing Street Address _____	Owner's SSN/TIN _____
City _____ State _____ Zip Code _____	Annuitant _____
Current Policy/Contract Number(s) _____	Joint Annuitant (if applicable) _____
Phone Number _____	
Policy Owner _____	

3 Check the appropriate boxes below. One box from each section must be checked.

The **current** policy/contract is:

Enclosed Lost or Destroyed

I certify that if the policy/contract is lost or destroyed that it has not been assigned or pledged as collateral.

Transfer proceeds:

Immediately

Before Maturity of _____ (MM/DD/YYYY)

After Maturity of _____ (MM/DD/YYYY)

Type of Exchange:

Full

Partial (if permitted) indicate dollar amount \$ _____

The proceeds for the above transaction will be applied to:

New Annuity Policy

Existing Annuity Policy (indicate policy number): _____

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.

4 For Guaranteed Lifetime Income Annuity II, Guaranteed Future Income Annuity II and Guaranteed Period Income Annuity II only:

The Internal Revenue Code provides that a Roth IRA is not subject to the required minimum distribution ("RMD") rules during the life of the Roth IRA owner, but is subject to the RMD rules after the owner/annuitant's death. Accordingly, NYLIAC's Guaranteed Lifetime Income Annuity II, Guaranteed Future Income Annuity II and Guaranteed Period Income Annuity II, issued as a Roth IRA, provides that any amounts payable to a beneficiary after the owner/annuitant's death must be made in accordance with the RMD rules, notwithstanding any inconsistent provision in the contract. This may affect the amount otherwise payable to a beneficiary.

If, at the time of the owner/annuitant's death, the remaining guaranteed period under a Life with Period Certain (Period Certain for a Guaranteed Period Income Annuity II) is longer than the beneficiary's life expectancy (determined under the IRS Single Life Table), NYLIAC will commute all of the future guaranteed payments. This commuted value will be calculated as specified in the policy.

Beneficiary Name _____ Date of Birth _____ (Used for RMD testing)
MM/DD/YYYY

Beneficiary Name _____ Date of Birth _____ (Used for RMD testing)
MM/DD/YYYY

5 Roth IRA Policy owner acknowledgement required: (Please check the box and initial)

_____ (owner initial) I acknowledge that: (1) the first contribution to a Roth IRA established in my name was made at least five (5) calendar years prior to the calendar year in which I will begin to receive income payments under this policy, and (2) I have or will have attained age 59 1/2 prior to the date that income payments begin under this policy.

6 I, the undersigned Owner/Trustee of the above named contract/account(s), request that you directly transfer or liquidate the amount specified above to NYLIAC. Please do not withhold any amount for taxes from the proceeds. 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 transfer/rollover of assets. I understand that distributions I receive from my NYLIAC policy will be subject to ordinary income taxes and, **if I am under age 59 1/2, will also be subject to a 10% penalty tax, absent an applicable exception.** I further understand that NYLIAC cannot provide any tax or legal advice and that I must seek and rely on the advice of my professional tax or legal advisor. I am aware that there may be a surrender charge/early withdrawal fee on the annuity/account I surrender/liquidate. 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 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. **The Annuity applied for is not backed by any bank or insured by the FDIC.**

I certify that I have taken any necessary Required Minimum Distributions prior to the transfer of these funds. 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.



Owner's Signature _____

Date (MM/DD/YYYY) _____

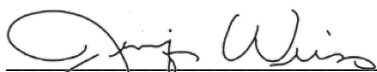
Signature(s) Guaranteed for mutual fund transfers:

X

(Stamp and Signature)

Acceptance of Assignment

As the issuer of an Individual Retirement Annuity, as defined in Section 408(b) of the Internal Revenue Code, a Roth IRA as defined in Section 408A(b) of the Code, a SIMPLE IRA as defined in Section 408(p) of the Code, or a Tax Sheltered Annuity, as defined in Section 408(b) of the Internal Revenue Code in accordance with the provisions of the Revenue Ruling 90-24, NYLIAC agrees to accept the funds. When we receive the check, we will (a) issue the new policy, provided that the amount and the proposed annuitant's/owner's age meet our policy issuance rules or (b) apply the proceeds to the above numbered policy, provided that the amount meets our additional premium rules. If not, we will return the current policy proceeds to the Financial Institution.


Jennifer M. Weiss - Vice President

New Annuity Policy Number

Date MM/DD/YYYY

7 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 remit a check made payable to: **NYLIAC, FBO: Owner(s) Name, New Policy Number**

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