

# New York Life Secure Term Choice Fixed Annuity II

## Application Kit - New York

STCII-NOCAPP-1122NY



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.

|           |                       |               |                |                        |                                      |
|-----------|-----------------------|---------------|----------------|------------------------|--------------------------------------|
| ANNUITIES | Not FDIC/NCUA Insured | Not a Deposit | May Lose Value | Have No Bank Guarantee | Not Insured by Any Government Agency |
|-----------|-----------------------|---------------|----------------|------------------------|--------------------------------------|



# INSTRUCTIONS

## 1. ANNUITY PLAN TYPE

Choose ONE Plan Type and complete the section and, if applicable, the transfer/exchange form.

- If this is for a Non-Qualified Certificate of Deposit Transfer or a Mutual Fund Redemption or Transfer, complete form number ANN43036F.
- If this is for a 1035 Exchange, complete form number ANN43263F.
- If this is for an IRA, SEP IRA, or Roth IRA Transfer/ Direct Rollover, complete form number ANN43009FNS.
- If this is for an Inherited IRA, complete form number ANN43093F.

## 2. ANNUITY PREMIUM PAYMENT AMOUNT and INITIAL INTEREST RATE GUARANTEE PERIOD AND SURRENDER CHARGE PERIOD

The minimum single premium is \$5,000, except for a Pension Plan, which has a minimum of \$10,000.

For policies of \$1 million or more – complete form number ANN18824 which must be approved by an officer of NYLIAC prior to submitting the application.

Choose one Initial Interest Rate Guarantee Period And Surrender Charge Period.

### Initial Interest Rate Guarantee Periods:

3 Years and 3 Year Surrender Charge Period  
4 Years and 4 Year Surrender Charge Period  
5 Years and 5 Year Surrender Charge Period  
6 Years and 6 Year Surrender Charge Period  
7 Years and 7 Year Surrender Charge Period

### Surrender Charge Periods:

Three Years 7%, 7%, 7%  
Four Years 7%, 7%, 7%, 6%  
Five Years 7%, 7%, 7%, 6%, 5%  
Six Years 7%, 7%, 7%, 6%, 5%, 4%  
Seven Years 7%, 7%, 7%, 6%, 5%, 4%, 3%

## 3-5. OWNER, JOINT OWNER AND ANNUITANT

For a Non-Qualified policy, the Owner may be the Annuitant, a Trust, the spouse of the Annuitant or both spouses for a jointly-owned contract. For an IRA, Roth IRA, SEP IRA, the Owner and Annuitant must be the same. For an Inherited IRA, the Owner will be the original policyowner, and the Annuitant must be named Beneficiary under the original IRA policy. **Note:** Joint Life policies are not available for Roth IRA or Inherited IRA plans.

**Under the IRS's aggregation rule, all non-qualified cash value deferred annuity contracts issued by NYLIAC (or its affiliates) to the same owner in the same calendar year are treated as one contract for purposes of determining the taxable portion of a partial withdrawal or surrender. This means that if a distribution is taken, we are required to take into account the gains (or losses) in all contracts that are subject to aggregation and more of the distribution may be taxable.**

Use the below chart to select the correct Tax Certification form. Tax Certification forms are required to be submitted prior to the contract being issued.

### **NOTE FOR TRUST OR ENTITY OWNED POLICIES:**

The W-9 form must be completed and returned with the application.

| Owner Type   | W-9 | W-8BEN | W-8BEN-E | Other W-8 Forms |
|--|-----|--------|----------|-----------------|
| US Citizen Individual Owner                                      | Yes | N/A    | N/A      | N/A             |
| Non US Citizen w/ Resident Alien US Tax Status (e.g. Green Card) | Yes | N/A    | N/A      | N/A             |
| Non US Citizen w/o Resident Alien US Tax Status                  | N/A | Yes    | N/A      | Yes             |
| US Entity  | Yes | N/A    | N/A      | N/A             |

### Other W-8 Forms:

**Individual Owners (Non US Citizen and does not have a Resident Alien US Tax Status e.g. Green Card):-** use W-8BEN Form except in the following circumstances:

Form W-8ECI – The Owner is claiming that income is effectively connected with the conduct of trade or business within the US (other than personal services).

Form 8233 or Form W-4 – The Owner is a beneficial owner that is receiving compensation for personal services performed in the US.

Form W-8IMY – The Owner is acting as an intermediary.

**Entity Owner (Non US Entity)** – use W-8BEN-E form except in the following circumstances:

Form W-8ECI – The Owner is claiming that income is effectively connected with the conduct of trade or business within the US (other than personal services).

Form 8233 or Form W-4 – The Owner is a beneficial owner that is receiving compensation for personal services performed in the US.

Form W-8IMY – The Owner is acting as an intermediary.

Form W-8EXP – if the entity is a foreign government, international organization, foreign central bank of issue, foreign tax-exempt organization, foreign private foundation, or government of a US possession receiving a withhold-able payment or receiving a payment subject to chapter 3 withholding.

## 6. BENEFICIARY DESIGNATION

Provide name, relationship to the owner, Date of Birth, Social Security or Tax I.D. number, address, telephone number, and percentage to be paid to each Beneficiary listed. Use Section 9 to provide email address(es) for the Beneficiary(ies). Primary and Contingent designations must each total 100%. If the Ownership is under UGMA/UTMA, the Primary Beneficiary must be the estate of the minor. If the Owner is a Trust, it is recommended that the Primary Beneficiary be the Trust.

**Unless the box under declining to designate surviving spouse as the sole Primary Beneficiary is checked, your spouse will be the sole Primary Beneficiary.**

If multiple Primary Beneficiaries are named and one or more of those Beneficiaries does not survive the Owner(s), that Beneficiary's interest is terminated and his/her percentage will be divided proportionately among the remaining Primary Beneficiaries. The same holds true for Contingent Beneficiaries. **To avoid this you can designate "Per Stirpes" next to each applicable Beneficiary's name.** Per Stirpes allows for each Beneficiary's heirs to receive his/her percentage of any remaining death benefit.

## 7. OPTIONAL RIDER(S)

Check the appropriate box if you want to apply for Optional Riders.

If electing the **Interest Rate Adjustment Benefit Rider (IRABR)**, review the Acknowledgments Regarding IRABR. This rider may not be available for all Initial Interest Rate Guarantee Periods/ Surrender Charge Periods.

## 8. REPLACEMENT INFORMATION

Check the appropriate box to indicate if you have an existing life insurance or annuity policy, or if you are replacing a life insurance or annuity policy. **Both questions must be answered.** Follow state replacement regulations; complete the New York Definition of Replacement, ANN43078 and New York Regulation 60 Kit, ANN43080.

## 9. ADDITIONAL INFORMATION

Use this space to provide additional information. Remember to refer back to the original section number.

## 10. SIGNATURES, ACKNOWLEDGEMENTS AND TAX CERTIFICATION

The Owner, Joint Owner (if applicable), and Annuitant (if other than Owner or Joint Owner) must sign and date this section.

**Owner Tax Certification:** If the Owner is subject to backup withholding, be sure to check the box in this section.

## PRODUCER'S STATEMENT

The Representative/Agent must complete, sign and date this section. All questions, including both replacement questions, must be answered.

If you need assistance, please contact:

**New York Life Annuities Sales Desk**  
1-888-474-7725


**Web Site**  
[www.newyorklifeannuities.com](http://www.newyorklifeannuities.com)

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

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

**APPLICATION For Individual Single Premium Deferred Fixed Annuity****New York Life Secure Term Choice Fixed Annuity II****New York Life Insurance and Annuity Corporation (NYLIAC)** (A Delaware Corporation)**Regular Mail Address:** NYL Annuities – TPD, Mail Code 7390, PO Box 7247, Philadelphia, PA 19170-7390**Overnight/Express Mail Address:** NYL Annuities – TPD, 400 White Clay Center Drive, Attn: LOCKBOX # 7390, Newark, DE 19711**ANNUITY COMMENCEMENT DATE AT THE LATER OF AGE 90 OR 10 YEARS**

Please print or type

**1. ANNUITY PLAN TYPE**Choose **ONE** Plan Type and complete the appropriate selection.☐ **Non-Qualified**  Is this a 1035 Exchange? ☐ Yes ☐ No☐ **Traditional IRA**☐ **SEP IRA**☐ **Roth IRA**

Current Year Contribution

Prior Year Contribution

☐ Transfer☐ Rollover

\$ \_\_\_\_\_ Year \_\_\_\_\_

\$ \_\_\_\_\_ Year \_\_\_\_\_

\$ \_\_\_\_\_ \$ \_\_\_\_\_

☐ **Inherited IRA** 

Transfer

\$ \_\_\_\_\_

**NOTE:** If this is a Traditional IRA, SEP IRA, or Roth IRA transfer/rollover, submit Qualified Transfer/Direct Rollover Form. If this is an Inherited IRA transfer, submit Inherited IRA Information/Transfer Form.**2. ANNUITY PREMIUM PAYMENT AMOUNT and INITIAL INTEREST RATE GUARANTEE PERIOD AND SURRENDER CHARGE PERIOD****A. Premium Payment Amount \$** \_\_\_\_\_ 

If paying by check directly to New York Life, make payable to NYLIAC. Indicate total estimated amount including cash with application and anticipated transfer/exchange amounts.

**B. Initial Interest Rate Guarantee Period And Surrender Charge Period****(NOTE:** If you elect the Interest Rate Adjustment Benefit Rider (marketed as "Interest Opportunity Rider") in Section 7, then the 3-year and 4-year Initial Interest Rate Guarantee Period and Surrender Charge Period are not available.)Choose **ONE**:☐ 3 Years and 3 Year Surrender Charge Period☐ 5 Years and 5 Year Surrender Charge Period☐ 4 Years and 4 Year Surrender Charge Period☐ 6 Years and 6 Year Surrender Charge Period☐ 7 Years and 7 Year Surrender Charge Period**3. OWNER**

First Name or Trust/Corporation Name

Middle

Last Name

Suffix

**Mailing Address**

Street or P.O. Box

City

State

Zip Code

**Residence Address (if different from mailing address)**

Street

City

State

Zip Code

Date of Birth (mm/dd/yyyy)

Social Security/Tax I.D. Number

☐ Male☐ Female

Country of Citizenship

☐ U.S.☐ Other, Country Name:

If you checked "Other" under Country of Citizenship, are you a U.S. Resident Alien?

☐ Yes ☐ NoTelephone Number ☐ Cell ☐ Home ☐ Business

Email Address

Relationship to Annuitant

☐ Self ☐ Spouse☐ Other:

**4. JOINT OWNER**

Available for Non-Qualified Plan Type ONLY.

|            |        |           |        |
|------------|--------|-----------|--------|
| First Name | Middle | Last Name | Suffix |
|------------|--------|-----------|--------|

**Mailing Address**

|                    |      |       |          |
|--------------------|------|-------|----------|
| Street or P.O. Box | City | State | Zip Code |
|--------------------|------|-------|----------|

**Residence Address (if different from mailing address)**

|        |      |       |          |
|--------|------|-------|----------|
| Street | City | State | Zip Code |
|--------|------|-------|----------|

|                            |                                 |  |
|----------------------------|---------------------------------|--|
| Date of Birth (mm/dd/yyyy) | Social Security/Tax I.D. Number | <input type="checkbox"/> Male<br><input type="checkbox"/> Female |
|----------------------------|---------------------------------|--|

|  |   |
|--|---|
| Country of Citizenship<br><input type="checkbox"/> U.S.<br><input type="checkbox"/> Other, Country Name: | Relationship to Owner<br><input type="checkbox"/> Spouse<br><input type="checkbox"/> Other: |
|--|---|

|  |               |
|--|---------------|
| Telephone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Business | Email Address |
|--|---------------|

**5. ANNUITANT**

Complete this section if the Annuitant is not the Owner or Joint Owner.

|            |        |           |        |
|------------|--------|-----------|--------|
| First Name | Middle | Last Name | Suffix |
|------------|--------|-----------|--------|

**Residence Address**

|        |      |       |          |
|--------|------|-------|----------|
| Street | City | State | Zip Code |
|--------|------|-------|----------|

|                            |                        |  |
|----------------------------|------------------------|--|
| Date of Birth (mm/dd/yyyy) | Social Security Number | <input type="checkbox"/> Male<br><input type="checkbox"/> Female |
|----------------------------|------------------------|--|

|  |  |               |
|--|--|---------------|
| Country of Citizenship<br><input type="checkbox"/> U.S.<br><input type="checkbox"/> Other, Country Name: | Telephone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Business | Email Address |
|--|--|---------------|

**6. BENEFICIARY DESIGNATION**

**Note:** Primary and Contingent Beneficiary designations must each total 100%. If percentage(s) are not provided, the benefits will be divided equally. For a per stirpes Beneficiary designation, write "Per Stirpes" next to each applicable Beneficiary's name. Use Section 9 to enter additional Beneficiary information. Refer to the application instructions for further details.

**JOINT OWNERS WHO ARE SPOUSES:**


Unless you check the box below, your spouse will be the **sole Primary Beneficiary** of the Policy and no other primary beneficiary should be designated. This allows the surviving Owner/spouse to continue the Policy at the death of the other Owner before the Annuity Commencement Date.

**ONE OWNER:**

Unless you check the box below, your spouse will be the **sole Primary Beneficiary** of the Policy and no other primary beneficiary should be designated. This allows your spouse to continue the Policy if you die before the Annuity Commencement Date. If your spouse's information is not listed in the sections above, please provide his/her information below.

Regardless of your primary beneficiary designation, you may name contingent beneficiary(ies) below.

**DECLINING TO DESIGNATE SURVIVING SPOUSE AS THE SOLE PRIMARY BENEFICIARY:**

 ☐ By checking this box, I am NOT naming my spouse as sole Primary Beneficiary and instead designate the individual(s)/entity(ies) named below. As a result, the Policy will end at the death of any Owner before the Annuity Commencement Date and NYLIAC will pay a death benefit.

**JOINT OWNERS WHO ARE NOT SPOUSES:**

The surviving Owner is the **sole Primary Beneficiary**. No other primary beneficiary should be designated however, you may name contingent beneficiary(ies) below. The Policy will end at the death of the other Owner.

|   |                            |                                 |              |                       |
|---|----------------------------|---------------------------------|--------------|-----------------------|
| <input type="checkbox"/> <b>PRIMARY</b> or <input type="checkbox"/> <b>CONTINGENT</b> Beneficiary's Full Name/Entity Name | Date of Birth (mm/dd/yyyy) | Social Security/Tax I.D. Number | Percentage % | Relationship to Owner |
|---|----------------------------|---------------------------------|--------------|-----------------------|

|                 |      |       |          |                  |
|-----------------|------|-------|----------|------------------|
| Address: Street | City | State | Zip Code | Telephone Number |
|-----------------|------|-------|----------|------------------|

|   |                            |                                  |              |                       |
|---|----------------------------|----------------------------------|--------------|-----------------------|
| <input type="checkbox"/> <b>PRIMARY</b> or <input type="checkbox"/> <b>CONTINGENT</b> Beneficiary's Full Name/Entity Name | Date of Birth (mm/dd/yyyy) | Social Security/ Tax I.D. Number | Percentage % | Relationship to Owner |
| Address: Street City State Zip Code   |                            | Telephone Number                 |              |                       |

|   |                            |                                  |              |                       |
|---|----------------------------|----------------------------------|--------------|-----------------------|
| <input type="checkbox"/> <b>PRIMARY</b> or <input type="checkbox"/> <b>CONTINGENT</b> Beneficiary's Full Name/Entity Name | Date of Birth (mm/dd/yyyy) | Social Security/ Tax I.D. Number | Percentage % | Relationship to Owner |
| Address: Street City State Zip Code   |                            | Telephone Number                 |              |                       |


  

|   |                            |                                  |              |                       |
|---|----------------------------|----------------------------------|--------------|-----------------------|
| <input type="checkbox"/> <b>PRIMARY</b> or <input type="checkbox"/> <b>CONTINGENT</b> Beneficiary's Full Name/Entity Name | Date of Birth (mm/dd/yyyy) | Social Security/ Tax I.D. Number | Percentage % | Relationship to Owner |
| Address: Street City State Zip Code   |                            | Telephone Number                 |              |                       |

## 7. OPTIONAL RIDER(S)

A charge may apply to the rider(s) you elect below. Certain riders may not be available with all Plan Types.

- ☐ Interest Rate Adjustment Benefit Rider\* (**IRABR**) This rider may not be available for all Initial Interest Rate Guarantee Periods and Surrender Charge Periods. Refer to Section 2B.

 Check **ONE** of the following options. Please read the **ACKNOWLEDGEMENTS REGARDING IRABR** below. By signing in Section 10, you indicate your understanding of, and agreement to, the statements made in the **ACKNOWLEDGEMENTS REGARDING IRABR**.

- ☐ **Option 1:** If the 10-year U.S. Constant Maturity Treasury Rate (10-year CMT Rate) (Index) has increased by at least 50 basis points (bps) on an Interest Opportunity Date\*\* that occurs after the Policy Date but **on or before the first Policy Anniversary**, you will receive a one-time automatic interest rate increase of 50bps effective on the day following the Interest Opportunity Date. You will receive this increase only on the first occurrence of this event. This new rate will apply for the remainder of the Initial Interest Rate Guarantee Period.

**NOTE:** Regardless of how much the Index increases, the crediting rate will only increase by 50bps.

- ☐ **Option 2:** If the 10-year U.S. Constant Maturity Treasury Rate (10-year CMT Rate) (Index) has increased by at least 100 basis points (bps) on an Interest Opportunity Date\*\* that occurs after the Policy Date but **on or before the second Policy Anniversary**, you will receive a one-time automatic interest rate increase of 100bps effective on the day following the Interest Opportunity Date. You will receive this increase only on the first occurrence of this event. This new rate will apply for the remainder of the Initial Interest Rate Guarantee Period.

**NOTE:** Regardless of how much the Index increases, the crediting rate will only increase by 100bps.

\*\*The set date(s) on which the Index will be evaluated.

### ACKNOWLEDGMENTS REGARDING INTEREST RATE ADJUSTMENT BENEFIT RIDER\* (IRABR)

I/We have elected the IRABR for the potential increase to the interest rate credited during my Initial Interest Rate Guarantee Period as described above.

I/We understand that:

- 1) By electing the IRABR, I will receive a lower Initial Interest Rate than if I had not elected it.
- 2) If NYLIAC offers more than one IRABR option, some options may provide for a higher Initial Interest Rate than others.
- 3) If NYLIAC offers more than one IRABR option, an option with a lower interest rate increase may provide for a higher Initial Interest Rate than an option with a higher interest rate increase.
- 4) If the conditions for an increase do not occur, my Initial Interest Rate will not change.
- 5) Any increase to my Initial Interest Rate will apply from the day following the Interest Opportunity Date until the end of the Policy's Initial Interest Rate Guarantee Period.
- 6) If I cancel the IRABR, my Initial Interest Rate will not change.
- 7) Any increase to my Initial Interest Rate will only apply if the conditions under the elected IRABR option described above are satisfied.
- 8) Any increase to my Initial Interest Rate will be made only one time if the conditions under the elected IRABR option described above are satisfied regardless of whether there are further increases to the Index.

By signing the application, I/We understand and acknowledge the above statements.

\*Marketed as "Interest Opportunity Rider".



## 8. REPLACEMENT INFORMATION

If "Yes" to A or B, provide policy information below. Use Section 9 to include information if more than two policies are being replaced.

|   |  |
|---|--|
| A) Do you have any existing life insurance or annuity policies?                               | <input type="checkbox"/> Yes <input type="checkbox"/> No                   |
| B) Is the policy applied for a replacement of a life insurance or annuity policy?             | <input type="checkbox"/> Yes <input type="checkbox"/> No                   |
| Company Name – Policy Number – Estimated Cash Value - Cost Basis (for Non-Qualified Policies) | 1035 Exchange:<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| Company Name – Policy Number – Estimated Cash Value - Cost Basis (for Non-Qualified Policies) | 1035 Exchange:<br><input type="checkbox"/> Yes <input type="checkbox"/> No |

## 9. ADDITIONAL INFORMATION

Attach a separate sheet if additional space is needed.

## 10. SIGNATURES, ACKNOWLEDGEMENTS AND TAX CERTIFICATION

Read statements and sign below.

By signing below, I/We acknowledge and agree to all of the statements and representations made in this application and that: (1) **This Policy will not become effective unless it is issued while the Owner(s) and Annuitant are living.** (2) Unless otherwise indicated below, the Owner of this Policy is the Applicant. (3) Under penalties of perjury, the Social Security/Taxpayer Identification Numbers provided on this application are certified to be correct. (4) No Agent is authorized to accept risks, make or change this application or change any policy issued by the Company, or give up any of the Owner's rights or requirements. (5) I/We understand that this Policy is not backed or guaranteed by any bank or insured by the FDIC.

**I/WE UNDERSTAND THAT I/WE MAY RECEIVE LESS THAN THE PREMIUM PAYMENT UPON SURRENDER OF THIS POLICY.**

The Owner's tax certification provided below does not apply if the Owner is not a U.S. person (including a U.S. resident alien) and has otherwise completed and executed an applicable IRS Form W-8.

### Owner Tax Certification:

Under penalties of perjury, I (as Owner named) certify:




- (1) My Social Security Number or Tax ID Number shown on this application 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 or cross out item 2 above 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.

|   |  |  |  |
|---|--|--|--|
| Signed at<br>(City/State)   |  | DATE<br>SIGNED   |  |
|  |  |  |  |
| ▲ Applicant's Signature (Owner)   |  | ▲ Joint Owner's Signature (if applicable)  |  |
|  |  |  |  |
| ▲ Annuitant's Signature (if other than Owner or Joint Owner)                        |  |  |  |



**For Representative/Agent use only. Signature Required**  
**The below is not part of the application, but it must be completed.**

| PRODUCER'S STATEMENT:  |   |
|--|---|
| 1. Is Owner a U.S. Citizen?  | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>If you have answered "No", check the appropriate box below.<br><input type="checkbox"/> Resident Alien <input type="checkbox"/> Non-Resident Alien <input type="checkbox"/> Other:                    |
| 2. Is Joint Owner a U.S. Citizen? (if applicable)  | <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| 3. Does the applicant have any existing life insurance or annuity policies?  | <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| 4. Is this a replacement of a life insurance or annuity policy?  | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>If you have answered "Yes" to either question #3 or #4 of the Producer's Statement, please <b>follow state replacement regulations and attach any required replacement forms</b>                      |
| 5. Is the Owner of the Policy a Trust?   | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>If you have answered "Yes", please attach pages of the Trust Agreement, including a copy of the title page, signature page, and any applicable trustee designation pages and amendments to the Trust. |
| <b>All of the answers to questions and statements in the application are true to the best of the knowledge and belief of those who made and recorded them. I have used only company-approved sales material in connection with this application, and copies of all sales material used were left with the applicant.</b> |   |
|   |   |
| <b>▲ Representative's/Agent's Signature</b>  | <b>▲ DATE SIGNED</b>  |
| Representative's/Agent's Name  | Telephone Number  |
| Representative's/Agent's Email Address   |   |
| State License Number   | NYLIAC Code Number  |
| Firm/Agency Name   | Firm/Agency Telephone Number  |
| Firm/Agency Address      Street      City      State      Zip Code   |   |

(04/2017)

**THIS PAGE INTENTIONALLY LEFT BLANK**



# Interest Opportunity Rider

## Interest Opportunity Rider (IOR) Overview

- An optional rider that offers transparent upside. Available on the New York Life Secure Term Choice Fixed Annuity II.
- Gives clients the potential to increase their interest rate by 50 or 100 bps if the 10-year Treasury rate increases by at least the same amount one or two years after issue, depending on which option is chosen.
- Clients who expect interest rates to increase will be able to purchase IOR and may participate in a rising rate environment.

## How IOR Works

### Option 1

- If the 10-year Treasury rate increases by at least **50bps** on the semi-anniversary or the **1st policy anniversary**, then the policy's interest rate will automatically increase by **50bps**.
- New rate will apply for the remainder of the initial interest rate guarantee period.
- Lower interest rate for the entire initial interest rate guarantee period than the policy without the rider.

### Option 2

- If the 10-year Treasury rate increases by at least **100bps** on the semi-anniversary or anniversary in the **first two policy years**, then the policy's interest rate will automatically increase by **100bps**.
- New rate will apply for the remainder of the initial interest rate guarantee period.
- Lower interest rate for the entire initial interest rate guarantee period than the policy without the rider.

## New York Life Secure Term Choice Fixed Annuity II Product Features

### Minimum Initial Premium

\$5,000; \$10,000 for Pension plans; additional premium payments not permitted

### Issue Ages

Non-tax qualified and Inherited IRA: 0-90; Tax qualified: 18-90

### Interest Rate Guarantee Periods\*

Choice of: 3, 4, 5, 6 or 7 years

### Corresponding Surrender

### Charge Periods

|              |   |   |   |   |   |   |   |
|--------------|---|---|---|---|---|---|---|
| 3 Years      | 1 | 2 | 3 |   |   |   |   |
| % of Payment | 7 | 7 | 7 |   |   |   |   |
| 4 Years      | 1 | 2 | 3 | 4 |   |   |   |
| % of Payment | 7 | 7 | 7 | 6 |   |   |   |
| 5 Years      | 1 | 2 | 3 | 4 | 5 |   |   |
| % of Payment | 7 | 7 | 7 | 6 | 5 |   |   |
| 6 Years      | 1 | 2 | 3 | 4 | 5 | 6 |   |
| % of Payment | 7 | 7 | 7 | 6 | 5 | 4 |   |
| 7 Years      | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| % of Payment | 7 | 7 | 7 | 6 | 5 | 4 | 3 |

### Return of Premium Benefit

Available starting on the second policy anniversary for those who purchase the product between ages 0-85 and effective immediately for those who purchase the product between ages 86-90.

\*In New York, the Interest Opportunity Rider (also known as the Interest Rate Adjustment Benefit Rider) is not available for the 3 and 4 year interest rate guarantee periods.

**Required Producer Training Attestation:** I hereby affirm my full understanding of this fixed annuity product and optional riders prior to recommending the purchase by my client.



▲ Representative's/Agent's Signature

▲ Date (mm/dd/yyyy)

