



## Telephone/Web Authorization Form

**Phone:** (800) 762-6212

**Fax:** (866) 858-8956 Attn: NYL Annuities

Complete this transaction conveniently at [www.newyorklifeannuities.com](http://www.newyorklifeannuities.com) or scan the QR code to complete online.



### Policy Number(s)

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### Owner

Name (first, middle initial, last)		Social Security/ Tax I.D.Number		Date of Birth (mm/dd/yyyy)	
Mailing Address					
Street		City		State	Zip Code
Email Address		Telephone Number (Day)		Telephone Number (Evening)	

### Joint Owner

Name (first, middle initial, last)		Social Security/ Tax I.D.Number		Date of Birth (mm/dd/yyyy)	
Mailing Address					
Street		City		State	Zip Code
Email Address		Telephone Number (Day)		Telephone Number (Evening)	

### Telephone/Web Authorization

By checking the appropriate box below, I wish to elect Transaction Authority for the designated person(s). I give permission to accept Telephone/Web instructions, including both financial and non-financial transactions, to the person(s) designated. Some transactions may not be applicable. Not all transactions are available on the Web.

I wish to elect Telephone/Web authorization and give you permission to accept Telephone/Web instructions from: *(check all that apply)*

- ☐ Trustee/Fiduciary/Other: \_\_\_\_\_ (Please complete the Other Authorized Person(s) Section)
- ☐ Corporate/Custodial Authorized Signer (Please complete the Other Authorized Person(s) Section)
- ☐ My Representative/Agent on Record

### Other Authorized Person(s)

Please provide details of the other Authorized Person(s) who will have Telephone/Web authorization on your policy. All information is required to be entered. **If no selection is made, the default will be inquiry only.**

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.

### First Authorized Person

Name (first, middle initial, last)		<input type="checkbox"/> Transaction Authority or <input type="checkbox"/> Inquiry Only	
Mailing Address			
Street		City	State    Zip Code
Social Security/ Tax I.D.Number	Telephone Number (Day)		Telephone Number (Evening)
Date of Birth (mm/dd/yyyy)	Email Address	Relationship to Owner	

### Second Authorized Person

Name (first, middle initial, last)		<input type="checkbox"/> Transaction Authority or <input type="checkbox"/> Inquiry Only	
Mailing Address			
Street		City	State    Zip Code
Social Security/ Tax I.D.Number	Telephone Number (Day)		Telephone Number (Evening)
Date of Birth (mm/dd/yyyy)	Email Address	Relationship to Owner	

### Terms/Authorization



By signing, you agree to the following terms:

- This authorization form must be complete and accurate in order for the authorization to be accepted.
- Telephone requests must be received at the NYL Annuity Service Center before the close of regular trading on the New York Stock Exchange, generally 4:00 p.m. Eastern Time in order to assure same day processing of the transaction for variable annuities. Telephone requests received after this time will be treated as if they were received the next business day.
- All telephone requests will be recorded for your protection.
- Telephone privileges may be discontinued at any time.
- New York Life Insurance and Annuity Corporation (NYLIAC) and/or the Annuity Service Center are not liable for any loss, cost or expense for acting on telephone instructions.

By signing, you authorize NYLIAC and/or the Annuity Service Center to act upon telephone instructions, providing that certain identifying information (policy number, name, social security number, address of record and date of birth) is given.

### Required Signatures

I acknowledge that I have read the terms above and those specified in my policy, and I agree to them.

	
▲ Owner's Signature	▲ Dated On (mm/dd/yyyy)
	
▲ Joint Owner's Signature	▲ Dated On (mm/dd/yyyy)

**Quickest way to submit your completed form:**

**Upload:** [www1.newyorklifeannuities.com](http://www1.newyorklifeannuities.com)

**OR**

**Send your completed form to:**

**Fax:** Attn: NYL Annuity Service Center, (866) 858-8956

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

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