WITHDRAWAL FORM
For New York Life Fixed Annuities

Phone: (800) 762-6212

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

Log in to your account to upload the form and expedite its delivery, or scan the QR code to determine if this transaction can be processed online immediately.
www.newyorklifeannuities.com

SCAN ME

Note for the New York Life Secure Term MVA Fixed Annuity II/ III/ IV/ NY: a Market Value Adjustment (MVA) may also apply in addition to any applicable surrender charges. A MVA is a positive or negative adjustment to the policy's accumulation value or the amount received in a withdrawal, when a partial withdrawal or full surrender is made during the surrender charge period and the withdrawal or surrender exceeds the policy's surrender charge free withdrawal amount. Please refer to your policy for complete

Policy number(s)	Email Address	
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 ( )

☐ **Please update my address to above.**

One Indirect Rollover Per Year Rule (For Traditional, Roth, SEP, and SIMPLE IRAs): If you withdraw funds from your New York Life IRA and plan to redeposit the funds into any IRA, please be aware that you are allowed to make only one rollover from an IRA to another IRA in any 12-month period, regardless of the number or types of IRAs you own. If you redeposit the funds into a New York Life IRA, you certify that: (1) the contribution qualifies as a rollover contribution pursuant to Internal Revenue Code section 408(d)(3) and the applicable regulations, (2) you made the rollover contribution within 60 days after the day you received the funds, and (3) including the rollover contribution, you have not made more than one indirect (i.e., 60 day) rollover from an IRA to another (or the same) IRA in the previous 12 months regardless of the number or type of IRAs you own. If any of the above information is not correct, you will notify New York Life within 30 days of the date of the rollover contribution.

Complete Section 2 to request a **Required Minimum Distribution (RMD)** withdrawal.

1. PARTIAL WITHDRAWAL (Complete this section for a ONE-TIME withdrawal only. If you wish to surrender your annuity, proceed to Section 3.)

Minimum withdrawal amount is $100 to select this option. **Minimum value remaining in your policy must be $2,000.**

Check one:

☐ Withdraw the maximum amount that is not subject to a surrender charge.

☐ Withdraw _____%: I am aware that I may incur a surrender charge.

☐ Gross Withdrawal $_____: Any applicable surrender charge or tax withholding will be deducted from the payment you receive. This means you may receive less than the amount indicated.

☐ Net Withdrawal $_____: The payment you receive will be equal to the amount requested. Any applicable surrender charge and tax withholding will be deducted from your annuity by increasing the amount of your withdrawal request to cover these charges.

Please also complete Sections 4, 5, and 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. PERIODIC PARTIAL WITHDRAWAL (Complete this section for reoccurring withdrawals.)

Please indicate the type of withdrawal below. You may not select the 29th, 30th or 31st of any month. If any of these dates are selected, we will default to the 28th. **Minimum accumulation value remaining in your policy must be $2,000. Surrender charges will be waived on Periodic Partial Withdrawals made pursuant to Section 72(t)(2)(A)(iv) of the Internal Revenue Code. Surrender charge free amounts vary by product. Please contact our Service Center to determine your available amount.**

Frequency: ☐ Monthly ☐ Quarterly ☐ Semi-Annually ☐ Annually (If no selection, default frequency will be monthly.)

Payment Date: _____/____/____ (month day year) { Note: This is the date the funds are withdrawn from your policy, **not** the date that they will be received. If the day you have chosen for your Periodic Partial Withdrawal payment falls on any day which is not a business day (e.g., a weekend or holiday) your payment shall be made on the following business day.

Check one: ☐ Interest Only (Minimum Accumulation Value of $2,000)

☐ Specified Amount (Minimum $100) $ _____ ☐ Percentage _____ %

☐ Maximum amount that is not subject to surrender charges.

☐ **Required Minimum Distribution (RMD)*:**

Check one to select an RMD calculation:

☐ Uniform Distribution Period applies, unless spousal option elected.

☐ Spousal Beneficiary, if spouse is sole beneficiary and more than 10 years younger.

Name_____SSN _____DOB _____

☐ Please withdraw $ _____ from my policy to satisfy my RMD based upon my calculation for this year.

Note: surrender charges may apply.

Please also complete Sections 4, 5, and 6.

***Use Part B in Section 4 in order to request a qualified charitable distribution.**

3. FULL SURRENDER

☐ I request to surrender my New York Life annuity. I am aware that I may incur a surrender charge. I certify that the policy has not been assigned or pledged as collateral. **Please also complete Sections 4, 5, and 6.**



Before submitting your request, have you considered:

- Will I incur any surrender charges?
- Does my policy have a Market Value Adjustment?
- Will this result in taxable income?

4. METHOD OF PAYMENT

Part A

If funds are to be sent to a Financial Institution, they may be transmitted via Electronic Funds Transfer (EFT).

☐ Owner's Address ☐ Checking Account (attach a voided check) ☐ Savings Account ☐ Brokerage Account* ☐ Alternate Address

Account Holder's Name(s)_____ Routing Number: _____

Financial Institution: _____ Account Number _____

Address: _____

*If payments are to be deposited into a brokerage account, please complete "For Further Credit To" below.

Reference: _____ For Further Credit To: _____

Please Note: By electing EFT, you agree that all payments so made shall discharge New York Life to the extent of the payments. In addition, you understand that because of New York Life's annuity payment processing requirements and, if applicable the Financial Institution's processing requirements, your EFT payment receipt date (the day the payment is available in your account) may be later than the start date you elect (including each subsequent income payment date). You further agree that any EFT payments made after your death shall not be held for the benefit of your estate, but shall be repaid to the Company upon request. You authorize and direct the Financial Institution to refund to the Company an amount equal to any payments made after your death, and if such payments shall have been credited to your account, or to the account of your estate, to charge such account accordingly.

Part B – Charitable Distributions (Only available for Required Minimum Distributions)

If you would like to have your Required Minimum Distribution(s) (up to $100,000 per year) sent as a Charitable Distribution, please complete the information below. If the amount that you designate is lower than the total amount distributed, the remainder will be sent as directed in Part A or as currently listed on your policy. **Charitable Distributions cannot be sent via EFT. A qualified charitable distribution (QCD) will be reported to you on Form 1099-R. You are responsible for determining whether you are eligible to make a QCD and for claiming any applicable exemption on your tax return.**

Name of Charity:		Distribution Amount (Please indicate $ or %)	Would You Like to Remain Anonymous? ☐ Yes ☐ No
Address:	Street	City	State Zip Code
Name of Charity:		Distribution Amount (Please indicate $ or %)	Would You Like to Remain Anonymous? ☐ Yes ☐ No
Address:	Street	City	State Zip Code

5. IMPORTANT TAX INFORMATION

Any withdrawal may result in a taxable distribution, which we will report to the IRS. In addition, a 10% IRS penalty tax may be imposed if you receive a withdrawal prior to age 59½, unless an exception applies.

The taxable portion of your withdrawal is subject to federal income tax withholding at a flat rate of 10%, unless you enter a different rate between 1% and 100% or elect out of withholding by checking the appropriate box below. You must provide us with your Social Security Number to make this election.

If you choose not to have federal income taxes withheld or if the amount withheld is not enough, you may be responsible for paying estimated federal taxes to avoid an IRS penalty. Your withholding election is effective unless it is revoked. You can change your withholding election at any time by filling out IRS Form W-4R and sending it to an address listed below. If the taxable portion of a payment when added to the taxable portion of all other payments during the year is less than $200, Federal income tax is not required to be withheld.

In addition, some states require that state income tax be withheld when federal income taxes are withheld. If you live in one of these states, we will withhold state income taxes as required by your state.

Your signature on this form confirms that you have read this notice and make the following choice for the transaction requested:

Please select the withholding options that apply to this payment.

Federal withholding election: ☐ **NO** withholding ☐ **YES** withhold at default 10% rate ☐ **YES** withhold at a different rate (IRS form W-4R required)

State withholding election: ☐ **NO** withholding (may not be available in certain states) ☐ **YES** withhold at rate of _____% (minimum state withholding may apply)

Note: If you do not check a box, we will withhold at the rate of 10% of taxable portion from future distributions, unless we are required to withhold at a higher rate.

If you are a U.S. citizen or resident alien receiving payments delivered outside the United States or its possessions, you cannot elect out of withholding. Other recipients receiving payments outside of the United States or its possessions, such as non-resident aliens, are generally subject to 30% withholding but may be able to elect out or request withholding at a lower rate if an applicable treaty so provides by completing IRS Form W-8BEN and providing an Individual Taxpayer Identification Number and, where applicable, a Foreign Taxpayer Identification Number.

U.S. citizens and U.S. residents will receive a Form 1099-R for any taxable amounts received and non-resident aliens will receive Form 1042-S.

IMPORTANT STATE TAX WITHHOLDING INFORMATION (as of July 1, 2025)

For residents of Arkansas, California, Delaware, Georgia, Iowa, Kansas, Maine, Maryland, Massachusetts, Nebraska, North Carolina, Oklahoma, Oregon, Vermont , Virginia, and Washington D.C: State withholding is generally required if federal income tax is being withheld.

For residents of Arkansas, California, Georgia, Maine, North Carolina, Oklahoma, Oregon, and Vermont: If federal income tax is being withheld, state income tax withholding is generally required, unless you elect not to have state income tax withholding apply.

For residents of Michigan: We are required to withhold state income tax from the taxable portion of your payments, unless you provide us with a properly completed Form MI W-4P and you claim an exemption from withholding.

For residents of Minnesota: We are required to withhold state income tax from the taxable portion of your payments, unless you provide us with a properly completed Form W-4MNP and you elect out of withholding.

For residents of Connecticut, Indiana, Louisiana, Missouri, Montana, New Jersey, New Mexico, New York, Utah, and Wisconsin: These states do not require withholding of state income taxes, but generally allow you to elect to have withholding apply. Certain exceptions and special rules apply in some states.

For residents of Arizona: State income tax withholding is voluntary and only applies to distributions from a retirement account (e.g., an IRA or 403(b) contract) or to periodic payments. Withholding election requests must be accompanied by Arizona Form A-4P. Without an A-4P, New York Life cannot withhold Arizona state taxes if elected.

For residents of Oklahoma: If you wish to have withholding applied at a rate other than the default rate, you must provide a Form OK-W-4-P (for periodic payments) or a Form OK-W-4-R (for non-periodic payments).

State specific tax withholding requirements are subject to change. Please contact a tax professional for more information.

IMPORTANT INFORMATION REGARDING SECTION 403(b) TAX SHELTERED ANNUITIES

If you own a **Section 403(b) Tax Sheltered Annuity**, a partial withdrawal or full surrender is generally subject to mandatory 20% federal income tax withholding, unless the distribution is directly rolled over or transferred to an Individual Retirement Account (IRA) or to another eligible Qualified plan. If you choose to have your withdrawal/surrender proceeds paid to you, you will receive only 80% of the withdrawal/surrender payment (less any state withholding, where applicable). You can roll over the payment by paying it to an IRA (or another eligible plan that will accept the payment) within 60 days of receiving the payment. The amount rolled over will not be taxed to you in the current year. If you want to avoid tax on the entire amount of the withdrawal/surrender payment, by rolling over 100% of the withdrawal/surrender payment to an IRA, you must use other funds to replace the 20% (or greater amount, where applicable) that was withheld.

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.

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.

6. REQUIRED SIGNATURES

Your signature confirms that all information on this form is correct.

Owner's Signature SIGN HERE _____ Date _____

Joint Owner's Signature SIGN HERE _____ Date _____

7. FOR 403(B) TAX SHELTERED ANNUITIES (TSA) PLANS ONLY

Employer/TPA Signature SIGN HERE _____ Date _____

Triggering Event:
☐ Attainment of age 59½
☐ Retirement
☐ Disability
☐ Severance from employment
☐ Financial Hardship
☐ Qualified Reservist Distribution

Send your completed form to:
Fax: Attn: NYL Annuities (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