New York Life Secure Term Choice Fixed Annuity II

Application Kit - California

STCII-NOCAPP-0426CA

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.

Investments and insurance products are: Not FDIC/NCUA Insured • Not Insured by Any Federal Government Agency • Not a Deposit or Other Obligation of, or Guaranteed by, the Bank or Any of Its Affiliates • May Lose Value

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 Inherited Non-Qualified, complete form number ANN19091.
- 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 or Inherited Roth IRA, complete form number ANN18752.

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 $2 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 and Inherited Roth 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, Inherited IRA, or Inherited Non-Qualified 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. 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 **Enhanced Beneficiary Benefit Rider (EBB)**, review disclosure number ANN18754 and provide to the client. Must be age 70 or younger to elect this rider.

If electing the **Interest Opportunity Rider (IOR)**, review the Acknowledgments Regarding IOR. 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 and attach any required replacement forms.

9. ADDITIONAL INFORMATION

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

10. FRAUD AND DISCLOSURE STATEMENT

This is for disclosure purposes. Please read this section carefully.

11. 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

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 95 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
☐ **Inherited Non-Qualified**	Exchange Amount $_____
☐ **Traditional IRA** ☐ **SEP IRA** ☐ **Roth IRA**	Current Year Contribution $_____ Year _____ Prior Year Contribution $_____ Year _____ ☐ Transfer $_____ ☐ Rollover $_____
☐ **Inherited IRA** ☐ **Inherited Roth 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 or Inherited Roth IRA transfer, submit Inherited IRA Information/Transfer Form. If this is an Inherited Non-Qualified exchange, submit Inherited Non-Qualified Information/Exchange 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

Choose **ONE:**

☐ 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

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 (Use Section 9 for additional space.) ☐ U.S. ☐ Other, Country Name:	If you checked "Other" under Country of Citizenship, are you a U.S. Resident Alien? ☐ Yes ☐ No	
Telephone Number ☐ Cell ☐ Home ☐ Business	Email Address	Relationship to Annuitant ☐ Self ☐ Spouse ☐ Other:

4. JOINT OWNER

Available for Non-Qualified Plan Type ONLY. **(but not Inherited Non-Qualified)**

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	☐ Male ☐ Female

Country of Citizenship ☐ U.S. ☐ Other, Country Name:	Telephone Number ☐ Cell ☐ Home ☐ Business

Email Address	Relationship to Owner ☐ Spouse ☐ Other:

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	☐ Male ☐ Female

Country of Citizenship ☐ U.S. ☐ Other, Country Name:	Telephone Number ☐ Cell ☐ Home ☐ 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.

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 are spouses, children under the age of 21, 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.

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.

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.

☐**PRIMARY** or ☐ **CONTINGENT** Beneficiary's Full Name/Entity Name	Date of Birth (mm/dd/yyyy)	Social Security/ Tax I.D. Number	Percentage %
Address: Street	City	State	Zip Code
Email Address	Telephone Number	Relationship to Owner	

☐**PRIMARY** or ☐ **CONTINGENT** Beneficiary's Full Name/Entity Name	Date of Birth (mm/dd/yyyy)	Social Security/ Tax I.D. Number	Percentage %
Address: Street	City	State	Zip Code
Email Address	Telephone Number	Relationship to Owner	

☐**PRIMARY** or ☐ **CONTINGENT** Beneficiary's Full Name/Entity Name	Date of Birth (mm/dd/yyyy)	Social Security/ Tax I.D. Number	Percentage %
Address: Street	City	State	Zip Code
Email Address	Telephone Number	Relationship to Owner	

☐**PRIMARY** or ☐ **CONTINGENT** Beneficiary's Full Name/Entity Name	Date of Birth (mm/dd/yyyy)	Social Security/ Tax I.D. Number	Percentage %
Address: Street	City	State	Zip Code
Email Address	Telephone Number	Relationship to Owner	

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 and/or in all jurisdictions.

☐ Enhanced Beneficiary Benefit **(EBB)**

☐ Interest Opportunity Rider **(IOR)**

Check **ONE** of the following options. Please read the **ACKNOWLEDGEMENTS REGARDING IOR** below. By signing in Section 11, you indicate your understanding of, and agreement to, the statements made in the **ACKNOWLEDGEMENTS REGARDING IOR.**

☐ **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 OPPORTUNITY RIDER (IOR)

I/We have elected the IOR 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 IOR, I will receive a lower Initial Interest Rate than if I had not elected it.
2) If NYLIAC offers more than one IOR option, some options may provide for a higher Initial Interest Rate than others.
3) If NYLIAC offers more than one IOR 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 IOR, my Initial Interest Rate will not change.
7) Any increase to my Initial Interest Rate will only apply if the conditions under the elected IOR 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 IOR 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.

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? B) Is the policy applied for intended to replace or change any life insurance or annuity policy?	☐ Yes ☐ No ☐ Yes ☐ No
Company Name – Policy Number – Estimated Cash Value - Cost Basis (for Non-Qualified Policies)	1035 Exchange: ☐ Yes ☐ No
Company Name – Policy Number – Estimated Cash Value - Cost Basis (for Non-Qualified Policies)	1035 Exchange: ☐ Yes ☐ No

9. ADDITIONAL INFORMATION

Attach a separate sheet if additional space is needed.

10. FRAUD AND DISCLOSURE STATEMENT

FRAUD WARNING

Any person who knowingly and with the intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. Penalties may include imprisonment, fines, or a denial of insurance benefits if a person provides false information.

11. 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) Unless checked below, 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.

Signed at (City/State)		**DATE SIGNED**	
			
▲ Applicant's Signature (Owner)		**▲ Joint Owner's Signature (if applicable)**	
			
▲ Annuitant's Signature (if other than Owner or Joint Owner)			

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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?	☐ Yes ☐ No If you have answered "No", check the appropriate box below. ☐ Resident Alien ☐ Non-Resident Alien ☐ Other:
2. Is Joint Owner a U.S. Citizen? (if applicable)	☐ Yes ☐ No
3. Does the applicant have any existing life insurance or annuity policies?	☐ Yes ☐ No
4. Is this intended to replace or change any life insurance or annuity policy?	☐ Yes ☐ No If you have answered "Yes" to either question #3 or #4 of the Producer's Statement, please follow state replacement regulations and attach any required replacement forms
5. Is the Owner of the Policy a Trust?	☐ Yes ☐ No 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.

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.

SIGN HERE	DATE HERE
▲ Representative's/Agent's Signature	▲DATE SIGNED

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	

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NEW YORK LIFE INSURANCE AND ANNUITY CORPORATION

ENDORSEMENT

California Fraud Statement

This Endorsement is attached to and made a part of your Application.

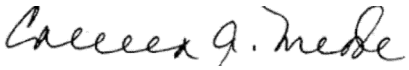
For your protection, California law requires the following to appear on this form:

Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

NEW YORK LIFE INSURANCE AND ANNUITY CORPORATION



Chair, President & CEO



Secretary



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New York Life Insurance and Annuity Corporation
(A Delaware Corporation)

IMPORTANT NOTICE

FOR CALIFORNIA RESIDENTS AGED 65 AND OVER

Disclosure of Life Insurance and Annuity Products

The sale or liquidation of any certificate of deposit, annuity, stock, mutual fund, bond, IRA or other asset to fund the purchase of a life insurance or annuity product may have tax consequences, early withdrawal penalties, or other costs or penalties as a result of the sale or liquidation. You may wish to consult your independent legal or financial advisor before selling or liquidating any such assets to fund the purchase of any life or annuity product being solicited.

Policyholder Name: _____

Form must be given to Policyholder and Advisor should retain a copy for their records.

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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.

SIGN HERE

▲ **Representative's/Agent's Signature** ▲ **Date (mm/dd/yyyy)**

ANN19104 (03/2016)