NEW YORK LIFE INSURANCE AND ANNUITY CORPORATION (a Delaware Corporation)

STATEMENT OF TRUST

Instructions:

- Complete this form for Trust-owned Annuity policies.
- All Trustee(s) must sign where indicated on Page 3 of this Statement of Trust form.
- New York Life Insurance and Annuity Corporation (NYLIAC) reserves the right to require a copy of the complete Trust document.

Complete items 1-11 before proceeding

1. Trust Name: _____

2. Trust Tax ID: _____

3. Annuitant(s) Name: _____

4. Annuitant(s) Tax ID: _____

5. Trust Date: _____

6. I/We affirm that the Trust Agreement was created by _____

   as Grantor/Settlor/Trustor.

7. State/Jurisdiction where Trust Established: _____

8. Name(s) of all Trustee(s): _____

   _____

9. Authority of Trustee(s):
   (If left unanswered, this will default to "May not act independently")

   ☐ **May act independently** – The Trust permits each Trustee to act individually, independently, and without the consent of any other Trustees or individual(s) authorized to act on behalf of the Trust

   ☐ **May not act independently –** The Trust provides that all Trustees must act together on behalf of the Trust. (Signatures of all Trustees are required on all documents)

10. Name(s) of Successor Trustee(s) (if applicable): _____

    _____

11. Check this box if the Trust is a Charitable Remainder Annuity Trust (CRAT). ☐

STATEMENT REGARDING TRUST AS POLICY BENEFICIARY

Where the Trust is named as a beneficiary on an annuity policy, NYLIAC may require proof that the Trust remains in effect prior to paying any death benefit. NYLIAC will only remit payment to the Trust as beneficiary, and not to beneficiaries identified in the Trust document. The policy owner possesses all rights of ownership of each policy, including the right to change the beneficiary designation at any time, notwithstanding any provision to the contrary in the Trust document. NYLIAC shall have no liability after it pays the proceeds for each policy, as set forth in this Statement. The interest of the Trust in any policy shall be subject to any assignment of that policy made before or after the date of this Statement.

I/We, the Trustee(s), have reviewed and hereby affirm that the beneficiary designation for the policy being purchased or changed is fully consistent with the terms and provisions of the Trust document created by the Grantor/Settler/Trustor and dated as described on Page 1 hereof.

STATEMENT REGARDING TRUST AS OWNER

I/We, the Trustee(s), hereby affirm that the Trust document described on Page 1 hereof authorizes the undersigned to pay all policy premiums and imposes no limitations on the rights of the Trust as owner of the annuity policies.

STATEMENT REGARDING TRUST AS A CHARITABLE REMINDER ANNUITY TRUST (CRAT)

I/We have consulted with a qualified tax advisor and I/we understand and acknowledge that:

The Treasury Department and IRS released proposed regulations that would characterize certain transactions involving charitable remainder annuity trusts (CRATs) and single premium immediate annuities (SPIAs) as listed transactions, which could result in recordkeeping and disclosure requirements as well as significant penalties for participants and material advisors.

Annuity payments from the CRAT to the noncharitable beneficiary(ies) of the CRAT are taxed under the income ordering rules of Internal Revenue Code ("IRC") section 664(b) and not under the rules of IRC section 72(b) that apply to annuity payments under a commercial annuity contract.

New York Life will issue IRS Form 1099-R each year to the CRAT to report the payments NYL makes to the CRAT (or on behalf of the CRAT) under its annuity contract. This Form 1099-R is separate from, and has no connection to, any tax reporting obligations of the CRAT with respect to the annuity payments the CRAT is required to make to the CRAT's noncharitable beneficiary(ies).

New York Life has not marketed the CRAT transaction and has not provided any aid, assistance, or advice regarding the CRAT transaction.

TRUST TAX CERTIFICATION

The tax certification provided below does not apply if the Trust is not a U.S. Person and has otherwise completed and submitted an applicable IRS Form W-8.

Under penalties of perjury, I/We 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 the trust that it is 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.

TRUSTEE SIGNATURE(S)

1.	X _____ Print Trustee Name	X _____ Trustee signature	___/___/___ Date
2.	X _____ Print Trustee Name, if required	X _____ Trustee signature, if required	___/___/___ Date
3.	X _____ Print Trustee Name, if required	X _____ Trustee signature, if required	___/___/___ Date
4.	X _____ Print Trustee Name, if required	X _____ Trustee signature, if required	___/___/___ Date

Send your completed form to:
Regular Mail: NYL Annuities - TPD, Mail Code 7390, PO Box 7247, Philadelphia, PA 19170-7390
Overnight/Express Mail: NYL Annuities - TPD, 400 White Clay Center Drive, Attn: LOCKBOX # 7390, Newark, DE 19711
Fax: Attn: NYL Annuity Service Center, (302) 781-1780