New York Life Annuities

Death Benefit Form for Annuity Proceeds

For quicker service, use our online Beneficiary Portal. Scan the QR code or visit:
https://www1.newyorklifeannuities.com/selfservice/beneclaim

ANN18743-0926

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.

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

Here for you. Here for good.

We are sorry for the loss of your loved one and are here to help you complete the claim process. Before you start, do you have the following information?

- Your loved one's full name, date of death, birthday, and Social Security number or policy number.
- One copy of the death certificate. This will **not** be returned.

For quicker service, use our online Beneficiary Portal. Scan the QR code or visit:

https://www1.newyorklifeannuities.com/selfservice/beneclaim

You may also mail your completed form by sending it to one of the below addresses.

Or fax it to 1-866-695-8757.

If you need assistance, please call the Service Center at 1-800-762-6212.

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

Overnight Address:
NYL Annuities – TPD
400 White Clay Center Drive
Attn: LOCKBOX # 7390
Newark, DE 19711

Remember to Review and Include

- One copy of the death certificate - reminder that the death certificate will **not** be returned. If the cause of death on the death certificate is Pending or Under Investigations, we will require an updated death certificate showing cause of death to process the claim.
- Completed claim form for each beneficiary, signed and dated.
  Note: For beneficiaries that are chronically ill or disabled as defined by the Internal Revenue Code ("IRC"), please be advised that you must provide evidence of your chronic illness or disability.
- Social Security Number or Tax Identification Number for entities (trusts, estates, corporations, etc.)
- Any state requirements or additional requirements as specified herein.

NOTE State tax withholding forms may be required. Please see the Income Tax Certification and Withholding section at the end of this packet.

If a Transfer or Exchange is taking place, Transfer or Exchange paperwork signed by the receiving company is required.

What to Expect

- Once the death certificate and death benefit form are submitted, we will review to ensure all required information has been provided. If there is anything missing or incomplete, a claim representative will contact the beneficiary.
- Claims cannot be processed until all forms are completed and accurate.

Key Terms

We know this is a difficult time. Below are some helpful descriptions that will assist in completing this form.

Setting Every Community Up For Retirement Enhancement Act of 2019 ("the SECURE Act") - introduces changes to the Internal Revenue Code ("IRC") that affect Individual Retirement Annuities ("IRAs"). This went into effect on December 21, 2019.

Foreign Address - U.S. Citizens living abroad must provide a W-9 and may be subject to 10% Federal Tax withholding. Non U.S. Citizens, in order to claim benefits under a U.S. Tax Treaty (if available), a W-8BEN (W-8BEN-E for Entities) is required with your tax identification number issued to you by your country of residence. If not, mandatory 30% tax will be withheld.

IRA (Individual Retirement Accounts) - Inherited IRA's cannot be rolled over and require transfer paperwork as they do not follow the same IRS rules. Upon the death of an IRA Owner, proceeds must be distributed within 10 years unless the beneficiary is an eligible designated beneficiary. Eligible designated Beneficiaries ("EDBs") are spouses, children under the age of 21 (at which age the 10 year rule applies), 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. EDBs may take distributions over his/her life or life expectancy. The distributions must begin by December 31st following the year of the IRA owner's death.

Inherited Non-Qualified Annuity- Beneficiaries may choose to move proceeds into this option, which gives beneficiaries a tax efficient alternative to taking a large taxable lump sum distribution. A beneficiary can spread out their tax liability and only pay taxes on the taxable gains distributed yearly, which may result in lower income taxes paid.

Minors - if the amount is over the state of residence minimum, court appointed Guardianship paperwork with proof of identity is required. If the amount is under the minimum, the minor's birth certificate, proof of residence and the parent or care givers proof of identity (such as a driver's license) is required. Minors may also wait until they are of legal age to make the claim. A minor is considered an EDB until he or she reaches the age of majority.

Trusts - trust paperwork showing the title, settlers/grantors information, successor trustee pages and signature pages are required along with any amendments to the trust. All trustees are required to sign. As determined by the IRC, certain trusts for the disabled or chronically ill may be considered EDBs.

Estates - must provide court appointed Estate paperwork with visible stamp or seal.

Corporations - Corporate Resolution showing authorized signer is required.

Attorneys or Third Parties - must have written authorization from the beneficiaries to release information on the policy.

Powers of Attorneys - must provide a copy of the Power of Attorney paperwork. Most states require a notary seal.

Name Changes - must provide legal proof of the name change, i.e. marriage license, divorce decree or court paperwork.

REQUIRED FORM

New York Life Annuities Death Benefit Form

A COPY OF THE DEATH CERTIFICATE IS REQUIRED FOR PROCESSING AND WILL NOT BE RETURNED.

1. Policy Numbers

List all policy numbers for your claim. If electing a different option for each policy, please fill out a separate claim form for each

2. Decedent Information

Tell us about the deceased.

Name of Deceased (First, Middle, Last)		Maiden Name
Deceased's Date of Birth	Deceased's Place of Birth (State, Country)	
Deceased's Date of Death	State of Residence at Time of Death	Deceased's Social Security Number

Cause of Death ◯ Natural ◯ Accident ◯ Homicide ◯ Pending/Unknown
◯ Other _____

3. Beneficiary Information

Name of Trust/ Estate/ Corporation as Beneficiary		Tax ID Number	
Name (First, Middle, Last)		◯ Male ◯ Female	Maiden Name or Nickname
Date of Birth	Social Security Number		
Daytime Phone Number	Email Address		

Residential Address	City	State	Zip Code
Mailing Address (if different than above)	City	State	Zip Code

◯ I am a US Citizen or Resident Alien ◯ I am a Non-Resident Alien or a Foreign Entity*

Beneficiary's Relationship to the Deceased. **Check one:**

◯ Spouse ◯ Child ◯ Grandchild ◯ Parent ◯ Other: _____

In what capacity are you making this claim?

Check one:

◯ **Individual Beneficiary:** A person claiming on their own behalf. If requesting benefits be paid to a funeral home, a copy of the assignment and itemized statement is required. If the policy is an IRA (Individual Retirement Account), read the Important Information section regarding IRA Plan Types.

◯ **Minors:** Payments on behalf of a minor must be made to an authorized representative, such as (i) a Custodian under the Uniform Transfers/Gifts to Minors Act, or (ii) a court designated Guardian of the "Person and Estate" or "Estate" of the minor. If the policy is an IRA, please read the Important Information section regarding IRA Plan Types.

◯ **Corporation:** A copy of the corporate resolution is required.

◯ **Estate:** A copy of the certified appointment papers is required.

◯ **Trust/Trustee:** Copy of Trust or amendments are required.

◯ **Collateral Assignee:** A copy of the assignee's statement of interest must be provided.

*** If you are a non U.S. citizen or resident, a completed W-8BEN form is required. For a foreign entity, please use W-8BEN-E. If you are a resident Alien, please send a copy of your green card. Please refer to the Internal Revenue Service website at www.irs.gov for the appropriate tax form.**

4. Choose Your Claim Option

Please choose one claim option and complete the additional sections noted under that option. Certain options may not be available depending on the type of annuity, your relationship to the decedent, when you make your claim or if the beneficiary is a non living entity.

Claim Option	Description
○ **Lump Sum Payment**	Distribute the death benefit to me in one lump sum payment. Some restrictions may apply. (This is the only option available for Estate and Testamentary Trust beneficiaries).
○ **Spousal Continuance** - I am the surviving spouse and sole primary beneficiary of the policy(ies). Not available on Tax Sheltered Annuities. I wish to continue the policy (ies) and defer taxes. I understand that by election this option, no death benefit will be paid and the policy with continue in my name in accordance with the terms of the original policy(ies) referenced above.	By checking the following option(s), I wish to continue the scheduled activity(ies) on the policy(ies) that I am continuing. I understand that if there is an existing scheduled activity and it is not marked, it will automatically be discontinued. ○ Periodic Partial Withdrawal Arrangement/Required Minimum Distribution ○ Automatic Asset Reallocation (Variable Accounts Only) ○ Dollar Cost Averaging (Variable Accounts Only) ○ Interest Sweep (Variable Accounts Only) Complete section 7 or the new beneficiary will become the estate.
○ **Continuance of Payments**	I understand that the deceased was receiving income payments. I wish to continue the scheduled payments on the policy. Do not complete section 7 if you choose this option because beneficiaries are not applicable.
Settlement Account Options - Only available within a year of the Decedent's Date of Death. Not available on immediate or annuitizied policies. Minimum of $5,000. Entities must provide trustee/ annuitant information in section 8 including Social Security Number, date of birth, address, and telephone number. If choosing a Settlement Account Option, check one: ○ **Income for an Elected Period*** - Choose the number of years that you want to receive payments (2 to 30 years) _____ ○ **Income of an Elected Amount*** - Choose your minimum periodic payment: $ _____ ○ **Life Income: Guaranteed Period**** - Choose your guaranteed period (5, 10, 15, or 20 years): _____ ○ **Life Income: Guaranteed Total Amount**** *Not available if the Decedent's Policy is in the state of New York for Secure Term Fixed Annuity II/III. **Not available for Non-Living Entities (Trusts, Corporations, etc.). NOTE **Refer to Settlement Account Options at the end of this form for more information.**	**Payment Start Date:** _____/_____/_____. Must be within a year of the decedent's Date of Death. If left blank, we will default to one month from the issue date of your settlement account. 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. **Payment Frequency:** If not checked, payments will be made Monthly. ○ Monthly ○ Quarterly ○ Semi-Annually ○ Annually NOTE **For Elected Period, Guaranteed Period and Guaranteed Total Amount Options for Traditional and Roth Qualified Plan Types:** The available death benefit payout options differ depending on whether you are an eligible or non-eligible designated beneficiary (determined as of the date of the owner's death). Eligible designated beneficiaries are spouses, children under the age of majority, 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 the owner. All other individual beneficiaries are considered non-eligible and all proceeds must be distributed by the end of the 10th year following the year of the IRA owner's death regardless of whether the policy has guaranteed remaining payments in excess of 10 years. This may result in receiving, in one sum, the remaining guaranteed payments in excess of 10 years. **For Inherited IRA and Inherited Roth IRA Plan Types:** After the death of the Inherited IRA or Inherited Roth IRA owner, 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 Inherited IRA or Inherited Roth IRA owner.
○ **Internal Exchanges**	Transfers of proceeds to a New York Life policy. Must be accompanied by a New York Life annuity application. (If you wish to open a new annuity with New York Life, please contact a licensed broker or agent).
○ **Inherited IRA or Inherited Non-Qualified Annuity**	Transfer of proceeds to another carrier. **Must provide transfer paperwork signed by the receiving company.** Must be within one year of the date of death due to RMD's (if applicable) and distributions. Non-Qualified Transfers are not allowed on Immediate Annuities.

5. Income Tax Certification Section

Individuals **must** provide your **Social Security Number** and **elect withholding options** to avoid default Federal Withholding. Amounts will not be refunded by New York Life. If your state requires a separate W-4P form, that form may be required to complete the claim processing.

Important Information Regarding Your Federal Tax Withholding Election

An election is **not required** if you choose **Spousal Continuance, Inherited IRA / Transfer or Inherited Non-Qualified**.

If you do **not want** federal withholding, then select the box NO Federal taxes will be withheld.

If you **want** federal withholding, an IRS Form W-4P or W-4R **must** be completed.

- IRS Form W-4P must be completed if you are continuing payments from an Income Annuity or electing a Settlement Alternative.
- IRS Form W-4R must be completed if you elect a Lump Sum Check.

If you **make no election or select withholding at a different rate but do not provide a completed** IRS Form W-4P or IRS Form W-4R, New York Life will process your payment with the default withholding election. If payments are continued, the default withholding is calculated based on the IRS filing status of Single with Zero Adjustments. For distributions of a lump sum check, the default withholding is 10%. Election is not available for payments from Tax Sheltered Annuities (TSA) that are eligible for rollover. Instead, 20% mandatory federal withholding applies. Election is available to nonspouse beneficiaries).

U.S. citizens living outside the United States cannot elect out of withholding.

Specified Withholding Election

Federal withholding election:

☐ **NO** withholding ○ **YES** withhold at default rate (see above) ○ **YES** withhold at a different rate (IRS Form W-4R or W-4P is required (see above)

State withholding election:

○ **NO** withholding (may not be available in certain states) ○ **YES** withhold at_____% rate (minimum state withholding may apply)

6. Where To Send Your Payment(s)

Not applicable for Transfers or 1035 Exchanges.

If you do not choose a payment method, a check will be mailed to the mailing address specified in Section 3. **Funds cannot be direct deposited into a third party account or out of the U.S.**

○ Beneficiary Mailing Address in section 3 ○ Brokerage Account* ○ Checking Account **(Attach Voided Check)** ○ Savings Account*

Account Holder's Name(s)_____

Financial Institution:_____

Routing Number: _____ Account Number: _____

Address:_____

Address:_____

If payments are to be deposited into a **brokerage account**, please complete "For Further Credit To" below **in addition to the above information**. For Further Credit To: _____

***Must provide proof or check will be mailed to the Beneficiary's address on record.**

7. Beneficiary Designation:

Complete this section only if you are continuing the Decedent's Policy. Required only for Spousal Continuances and Settlement Accounts in section 4 . Percentages must total 100% or may default to the Estate. Use section 8 for additional Beneficiaries.

Primary Full Name (First, Middle Initial, Last)	Social Security or Tax ID Number	Date of Birth (mm/dd/yyyy)	Percentage %

Address:	Street	City	State	Zip Code

Telephone	Relationship to Owner	Email Address

REQUIRED FORM

7. Beneficiary Designation (Continued)

○ **Primary** or ○ **Contingent** Full Name (First, Middle Initial, Last)	Social Security or Tax ID Number	Date of Birth (mm/dd/yyyy)	Percentage %

Address: Street City State Zip Code

Telephone	Relationship to Owner	Email Address

8. Additional Information

If you need additional space, please attach a signed and dated letter of instruction to your Claim.

9. Signature Section

Your signature confirms that all information on this form is correct.
Any person who knowingly and with 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation. Please refer to the enclosed page entitled STATE VARIATIONS OF FRAUD WARNINGS for specific notices required in certain jurisdictions.

For Residents of California: 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.

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 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.

Signature SIGN HERE _____ Date signed _____

Print Name _____

Signature SIGN HERE _____ Date signed _____

Print Name _____

Return this form, along with a copy of the death certificate, and other applicable claim requirements to the addresses listed below.

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

Overnight Address:
NYL Annuities – TPD
400 White Clay Center Drive
Attn: LOCKBOX # 7390
Newark, DE 19711

Your Settlement Account Options

If you request a Settlement Account, payments must begin within a year of the decedent's Date of Death. If you are filing your claim more than a year after the Date of Death, your remaining options will be a Lump Sum Distribution or Spousal Continuance (if applicable).

Income for an Elected Period – For Individuals and Non-Living Entities*:

You may choose a certain period of years in which to receive payments (between 2-30 years; non-living entities are limited to a maximum of five years). The elected period cannot exceed your life expectancy. At the end of the elected period, 100% of the death benefit will have been distributed.

- Interest accrues on the remaining balance in the account. The interest rate is declared annually by New York Life, in January of each year, and may change the amount of your periodic payment.
- Other than the periodic payments, you cannot request a partial withdrawal from this account, but you may choose to withdraw the entire amount remaining at any time.
- If you should die before the elected period ends, your beneficiary(ies) will receive a lump sum distribution of the remaining value.
- For Traditional and Roth Qualified Plan Types: The available death benefit payout options differ depending on whether you are an eligible or non-eligible designated beneficiary (determined as of the date of the owner's death). 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 the owner.
- All other individual beneficiaries are considered non-eligible and all proceeds must be distributed by the end of the 10th year following the year of death regardless of whether the policy has guaranteed remaining payments in excess of 10 years. This may result in receiving, in one sum, the remaining guaranteed payments in excess of 10 years.

Life Income: Guaranteed Period – For Individuals Only*:

- You will receive equal fixed payments for the rest of your life, and choose a guaranteed period of 5, 10, 15, or 20 years. The elected guaranteed period cannot exceed your life expectancy.
- If you should die before the end of the guaranteed period, payments will continue to your beneficiary for the remainder of the guaranteed period. If you die after the guaranteed period has expired, no payments will be made to your beneficiary.
- Other than the periodic payments, you will not be able to withdraw any amount from the account, whether a partial or full withdrawal.
- For Traditional and Roth Qualified Plan Types: The available death benefit payout options differ depending on whether you are an eligible or non-eligible designated beneficiary (determined as of the date of the owner's death). 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 the owner. All other individual beneficiaries are considered non-eligible and all proceeds must be distributed by the end of the 10th year following the year of death regardless of whether the policy has guaranteed remaining payments in excess of 10 years. This may result in receiving, in one sum, the remaining guaranteed payments in excess of 10 years.

Life Income: Guaranteed Total Amount – For Individuals Only*:

- You may choose to receive equal fixed payments for the rest of your life.
- If you should die before the total value of the payments made to you equals the death benefit proceeds placed in the settlement, your beneficiary(ies) will continue to receive payments until such time that the combined total of all payments made to you and your beneficiary(ies) equals the amount placed in the settlement.
- Other than the periodic payments, you will not be able to withdraw any amount from the account, whether a partial or full withdrawal.
- For Traditional and Roth Qualified Plan Types: The available death benefit payout options differ depending on whether you are an eligible or non-eligible designated beneficiary (determined as of the date of the owner's death). 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 the owner. All other individual beneficiaries are considered non-eligible and all proceeds must be distributed by the end of the 10th year following the year of death regardless of whether the policy has guaranteed remaining payments in excess of 10 years. This may result in receiving, in one sum, the remaining guaranteed payments in excess of 10 years.

Income of an Elected Amount – For Individuals and Non-Living Entities:

- You may choose a minimum periodic amount to be paid (i.e. $500 per month) until all of the death benefit proceeds have been distributed. Excess Interest is added to this minimum periodic payment, so that your total periodic payment will be equal to the minimum periodic payment plus an amount of excess interest.
- The amount of time it takes to distribute the entire account cannot exceed your life expectancy. Non-living entities must choose a minimum periodic payment wherein all proceeds are distributed within five years.
- Interest accrues on the remaining balance in the account. The interest rate is declared annually by New York Life, in January of each year, and may change the amount of excess interest added to your minimum periodic payment.
- Other than the periodic payments, you cannot request a partial withdrawal from this account, but you may choose to withdraw the entire amount remaining at any time.
- If you should die before the elected period ends, your beneficiary(ies) will receive a lump sum distribution of the remaining value.

*Note For Inherited IRA and Inherited Roth IRA Plan Types: After the death of the Inherited IRA or Inherited Roth IRA owner, 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 Inherited IRA or Inherited Roth IRA Owner.

Income Tax Certification and Withholding

Important Federal Income Tax Withholding Information

This information is required to carry out the Internal Revenue laws of the United States and to provide you with some basic information about withholding of Federal income tax from your payment under the annuity contract specified in the Tax Withholding Election section.

A disbursement may result in a taxable gain reportable to the IRS. Generally, Federal withholding applies to taxable payments made from pension, profit-sharing, stock bonus, annuity and other employer deferred compensation plans, individual retirement accounts (IRA), and commercial annuities (which include individual annuity, life insurance and endowment policies). Please consult a professional tax advisor for more information on this tax and for exceptions to this rule. You can elect to withhold on the taxable portion. If you make an election for anything other than no withholding or withhold at default rate, then you must submit a W-4R for lump sum taxable payments or a W-4P for taxable income payments. You can make this election by checking the appropriate box in the Tax Withholding Election section or by submitting the applicable W-4 form. Please see the Tax Withholding Section 4 for more details. U.S. citizens living outside the United States cannot elect out of withholding.

Important State Income Tax Withholding Information for Individual Beneficiaries (as of July 1, 2025)

For residents of Arkansas, California, Delaware, Georgia, Iowa, Kansas, Maine, Maryland, Massachusetts, Nebraska, North Carolina, 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, 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 the following states we are required to withhold state income tax, except for the following conditions.

For residents of Michigan: You provide us with a completed Form MI W-4P claiming an exemption from withholding.

For residents of Minnesota: You provide us with a completed Form W-4MNP and you elect out of withholding.

For residents of Iowa: If you qualify for the retirement income exclusion and wish to opt out of mandatory Iowa withholding you must submit an IA W-4P with the Claim Form.

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-4P (for periodic payments) or a Form OK W-4R (for non-periodic payments).

For residents of Alabama, Colorado, Connecticut, Hawaii, Idaho, Illinois, Indiana, Kentucky, Louisiana, Minnesota, Mississippi, Missouri, Montana, New Jersey, New Mexico, New York, North Dakota, Ohio, Pennsylvania, Rhode Island, South Carolina, Utah, West Virginia and Wisconsin: These states do not require withholding of state income taxes, but 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 Alaska, Florida, Nevada, New Hampshire, South Dakota, Tennessee, Texas, Washington and Wyoming: These states do not require withholding of state income taxes.

Important State Income Tax Withholding Information for corporations, trusts or estates (as of January 1, 2023)

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

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

Established in Alabama, Arizona, Colorado, Connecticut, Hawaii, Idaho, Illinois, Indiana, Kentucky, Louisiana, Michigan, Minnesota, Mississippi, Missouri, Montana, New Jersey, New Mexico, New York, North Dakota, Ohio, Pennsylvania, Rhode Island, South Carolina, Utah, West Virginia 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.

Established in Alaska, Florida, Nevada, New Hampshire, South Dakota, Tennessee, Texas, Washington and Wyoming: These states do not require withholding of state income taxes.

State specific tax withholding requirements are subject to change. Certain states may require a state-specific W-4P form. Please contact a tax professional or your state department of revenue for more information.

State Variations of Fraud Warnings

Kindly refer to the applicable fraud warnings for your state of residence.

Arizona
For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

California
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.

Colorado
It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the department of regulatory agencies.

District of Columbia
Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Florida
Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Maryland
Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Hampshire
Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

New Jersey
Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

New York
Any person who knowingly and with 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Oregon
Any person who knowingly and with 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 there to may be subject to prosecution for insurance fraud. Any person who provides misinformation material to the content of the contract, which is relied upon by the insurer, and which is either material to the risk assumed by the insurer or provided fraudulently, may be subject to the denial of insurance benefits.

Pennsylvania
Any person who knowingly and with 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.

Puerto Rico
Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand dollars ($5,000) and not more than ten thousand dollars ($10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

Other States
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.

Department of Insurance – Notice of Availability

Kindly refer to the applicable information for your state of residence.

California
You may also have this matter reviewed by the California Department of Insurance if you believe that all or part of your claim has been wrongfully denied or rejected. The California Department of Insurance maintains a Claim Service Bureau at 300 South Spring Street, 14th Floor, Los Angeles, CA 90013. Or you can contact one of their representatives at 213-897-8921 or 1-800-927-4357.

Illinois
Part 919 of the Rules of the Illinois Department of Insurance requires that our company advise you that, if you wish to take this matter up with the Illinois Department of Insurance, it maintains a Consumer Division in Chicago at 115 S. LaSalle St., 13th Floor, Chicago, Illinois 60603 and in Springfield at 4800 Wabash Avenue, Springfield, Illinois 62711.

Kansas
Should you wish to take this matter up with the Kansas Department of Insurance, you may write to Kansas Life & Health Insurance Guaranty Association, 534 South Kansas Avenue, Suite 1410, Topeka, KS 66603, or call Consumer Assistance Hotline: 800-432-2484 or visit their website at: www.ksinsurance.org.

Nebraska
Should you wish to take this matter up with the Nebraska Department of Insurance, you may write to Department of Insurance. Terminal Building, P.O. Box 82089, Lincoln, NE 68501-2089 or call (402) 471-2201. You may also complete a complaint form online at: www.doi.nebraska.gov.

New Hampshire
We will, of course, be available to you to discuss the position we have taken. Should you, however, wish to take this matter up with the New Hampshire insurance department, it maintains a service division to investigate complaints at 21 South Fruit Street, Suite 14, Concord, NH, 03301. The New Hampshire insurance department can be reached, toll-free, by dialing 1-800-852-3416.

New Jersey
New Jersey Administrative Code Section 11:25-1.7 requires our company to advise you that if you disagree with the ultimate disposition of this claim, you may submit a written appeal to us. We will review your claim within 10 business days of our receipt of your written appeal. You may submit any records, reports, or documents that you believe support your claim for benefits together with your written appeal to New York Life Insurance Company, ATTN: Claims Appeal Unit, 51 Madison Ave, Rm 651, New York, NY 10010. The New Jersey Office of Insurance Claims Ombudsman may be contacted, if further review is sought, at: New Jersey Department of Banking and Insurance Consumer Assistance, 20 West State Street, P.O. Box 329 Trenton, NJ 08625-0329. Telephone: (609) 292-7272. Telefax: (609) 292-2431 or (609) 777-0508. Automated Hotline: (800) 446-7467. E-mail: ombudsman@dobi.nj.gov. Electronic complaint submissions: https://www.state.nj.us/dobi/consumer.htm.

Rhode Island
You may also have this matter reviewed by the State of Rhode Island Insurance Division if you believe that your claim has been wrongfully denied or rejected. You may write to: State of Rhode Island Insurance Division, 1511 Pontiac Ave, Bldg. 69-2, Cranston, RI 02920, (401) 562-9520 or visit their website at dbr.state.ri.us.

Tennessee
You may also file a complaint with the department, Consumer Insurance Services, 500 James Robertson Parkway, Nashville, Tennessee 37243, 1-800-342-4029, or may submit the request for review electronically to that section's website, currently found at: https://tn.gov/commerce/topic/commerce-file-a- complaint.

Washington
If you have questions or concerns about the actions of your insurance company or agent, or would like information on your rights to file an appeal, contact the Washington state Office of the Insurance Commissioner's consumer protection hotline at 1-800-562-6900 or visit www.insurance.wa.gov. The insurance commissioner protects and educates insurance consumers, advances the public interest, and provides fair and efficient regulation of the insurance industry.

West Virginia
Should you wish to take this matter up with the West Virginia Offices of the Insurance Commissioner, you may write to, West Virginia Offices of the Insurance Commissioner, Attn: Consumer Service Division, PO Box 50540, Charleston, WV 25305-0540. The West Virginia Offices of the Insurance Commissioner can be reached, toll-free, by dialing 1-888-879-9842 or visit their website at: www. wvinsurance.gov.

All other states
If you think that New York Life has been misinformed, or if you have any additional information pertinent to your claim, one of our representatives can be contacted toll-free, by dialing 1-800-762-6212.