



Telephone/Online Transaction Authorization Form

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



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		

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		

Telephone/Online Transaction Authorization

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

I wish to elect Telephone/Online Transaction authorization and give you permission to accept Telephone/Online Transaction 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, including any Authorized Assistant to that Representative/Agent

Other Authorized Person(s)

Please provide details of the other Authorized Person(s) who will have 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)			☐ Transaction Authority or ☐ Inquiry Only	
Mailing Address				
Street		City	State	Zip Code
Social Security/ Tax I.D.Number		Telephone Number		
Date of Birth (mm/dd/yyyy)	Email Address		Relationship to Owner	

Second Authorized Person

Name (first, middle initial, last)			☐ Transaction Authority or ☐ Inquiry Only	
Mailing Address				
Street		City	State	Zip Code
Social Security/ Tax I.D.Number		Telephone Number		
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.
- To qualify for same-day processing of variable annuity transactions, requests must be received by the NYL Annuity Service Center before the close of regular trading on the New York Stock Exchange, generally 4:00 p.m. Eastern Time. Telephone requests must be received by the Service Center prior to 4:00 p.m. Eastern Time, and online requests must be fully completed by that time. Requests received or completed after this deadline will be processed as of the next business day.
- All telephone requests will be recorded for your protection.
- The authorizations granted under this form 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 instructions provided under this form.

By signing, you authorize NYLIAC and/or the Annuity Service Center to act upon instructions given pursuant to this form, 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)

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