



Annuity Service Form For New York Life Annuities

Phone: (800) 762-6212

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.



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

www.newyorklifeannuities.com

Fill in your policy details below and complete the section(s) that apply to the changes you would like to make. Remember to complete section 7 for all request(s).

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 ()	

1. Address Change

Please provide details of your new address. *If mailing address is different than residential address or a P.O. Box, please provide residential address.* If you are a non U.S. citizen, a completed W-8 or W-9 is required. If you are a Resident Alien, please provide a copy of Green Card. For Entities or Trusts outside the domicile of the United States, tax certifications required. Please refer to the Internal Revenue Service website at www.irs.gov for the appropriate W-8 tax form.

New Mailing Address			
Street or P.O. Box			
City	State	Zip Code	Telephone number ()
New Residential Address (if different from mailing address)			
Street			
City	State	Zip Code	Telephone number ()

2. Name Change or Correction

Please complete this section to have a name changed or corrected. This section is **NOT** to be used to transfer ownership or change beneficiary designations.

Reason for change or correction: (Check one and attach copy of documentation)

- Marriage
 Divorce
 Court Order
 Other

Party on Policy: <input type="checkbox"/> Owner <input type="checkbox"/> Joint Owner <input type="checkbox"/> Annuitant <input type="checkbox"/> Joint Annuitant <input type="checkbox"/> Beneficiary <input type="checkbox"/> Successor Owner	
Print former name (first, middle initial, last)	Print new or corrected name (first, middle initial, last)
Party on Policy: <input type="checkbox"/> Owner <input type="checkbox"/> Joint Owner <input type="checkbox"/> Annuitant <input type="checkbox"/> Joint Annuitant <input type="checkbox"/> Beneficiary <input type="checkbox"/> Successor Owner	
Print former name (first, middle initial, last)	Print new or corrected name (first, middle initial, last)

3. Method of Payout

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

CHECK
ONE

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.

4. Agent/Broker Dealer Removal

By checking the box below, you are requesting to remove the agent and broker dealer on file with your annuity. Your policy will be listed under a New York Life House Account and only authorized parties on file will be able to obtain policy specific information.

Remove the agent and broker dealer from my New York Life annuity.

5. Free Look

A free look request must be received within 30 days of policy issue date. The funds cannot be sent to a new carrier to fund a new policy.

I request a free look on my New York Life annuity. **I am aware that the funds New York Life received will be sent back to the original source in the same facet of how they were sent.**

I request a free look on my New York Life annuity. **I request the funds to be sent directly to me.** I understand that by selecting this option, this free look may result in a fully taxable event.

6. Additional Information/ Letter of Instruction

Please use this section to add additional information that may be needed. Attach a separate sheet if additional space is needed.

7. Required Signatures

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



Policy Owner's Signature

Date



Joint Owner's Signature (if any)

Date

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
