



LARGE CASE ANNUITY QUESTIONNAIRE FOR PREMIUMS \$2 MILLION OR ABOVE

(Note: Responses to all questions are required.)

Note: Compliance no longer requires upfront reviews of annuities funded with Qualified Money.

Large case reviews are no longer required by Compliance for internal annuity exchanges.

OWNER				
Note: If there is a joint owner, please provide the same information in the Additional Information section.				
<input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Grantor Trust <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____				
Note: If Trust, LLC, Partnership, Corporation, or any other entity type, please provide the entity formation documents. If Trust, please provide the name, residence address and SSN of the trustee(s).				
<input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth (mm/dd/yyyy)		
First Name or Trust/Corporation Name		Middle	Last Name	Suffix
Address		City	State	Zip Code
Social Security/Tax I.D. Number	Country of Citizenship <input type="checkbox"/> U.S. <input type="checkbox"/> Other, Country Name: _____		If you checked "Other" under Country of Citizenship, are you a U.S. Resident Alien? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Owner's Annual Income:		Owner's Occupation (If retired, please provide previous occupation):		
Employer's Business Name and Address:				
Owner's Liquid Net Worth: _____ Note: Liquid Net Worth is your net worth minus assets that may not be easily converted to cash such as the value of real estate, personal property, automobile(s), or business interest only cash assets or assets easily convertible to cash. While this may include retirement assets, you should consider any applicable tax penalties or other charges, fees or restrictions before including these types of assets.				
ANNUITANT				
<input type="checkbox"/> Check here if same as Owner				
Note: If there is a joint annuitant, please provide the same information in the Additional Information section				
<input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth (mm/dd/yyyy)		
First Name		Middle	Last Name	Suffix
Address		City	State	Zip Code
Social Security Number	Country of Citizenship <input type="checkbox"/> U.S. <input type="checkbox"/> Other, Country Name: _____		Relationship to Owner	
SOURCE OF FUNDS				
What is the premium amount?		When will it be paid to New York Life?		
How will these funds be transmitted (check box)?				
<input type="checkbox"/> Personal check <input type="checkbox"/> Wire Transfer <input type="checkbox"/> Other (please describe) _____				
Are these funds currently in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No (If not, please advise what country they are currently held in.)				

Source of Funds to be invested:

- Employment/Savings/Investments (Please provide the past 4 quarters of account statements.)
- One Time Event - e.g. sale of property, legal settlement, etc. (Please provide supporting legal documents.)
- Inheritance/ Gift (Please provide name and relationship to the client of the grantor along with supporting documentation of the inheritance/gift.)
- Other - i.e.: premium finance or loan. (Please include name of other financial institution and provide financing documentation.)
- Existing NYL Annuity- List policy numbers and amount of surrender charge (if any) _____
- Annuity with another insurance company- Please provide a recent quarterly statement and amount of surrender charge (if any) _____

Is this Source of Funds a Non-Qualified 1035 Exchange? Yes No

Is this a replacement (defined as the purchase of an annuity 13 months before or after the liquidation of an individual life/annuity policy)? Yes (where are the funds currently held?) _____ No

If the Source of Funds is an annuity, please include information on any of the optional benefits, including current guaranteed amounts and date(s), or other features on the current annuity below.

Variable / Fixed Indexed Annuities

- Guaranteed Minimum Income Benefit
- Guaranteed Lifetime Withdrawal Benefit
- Guaranteed Minimum Death Benefit
- Guaranteed Minimum Accumulation Benefit

Fixed Annuities

- Guaranteed Minimum Interest Rate
- Current Interest Rate on Fixed Account Option _____%
- Rider Details: _____

Are the funds held within the U.S.? Yes No (If not, what country are the funds held in? _____)

PRODUCT INFORMATION

Type of Annuity Requested (check box):

- Income Annuity Fixed Deferred Annuity Variable Annuity

What is the purpose of this annuity?

Is there any additional information that may help us evaluate this request?

STATEMENTS AND SIGNATURES

We will require financial statements for the person or entity applying for the annuity being purchased. For an individual, the statements must be sufficient to show approximate annual income over the last two years (including those of any spouse). For an entity, the latest annual report or other audited financial statement should be provided. If the funds are coming from a source other than the purchase, a letter of intent from the person who holds title to the funds is required as well as supporting documentation evidencing the source of funds. The purpose of this questionnaire is to provide New York Life Insurance and Annuity Corporation (NYLIAC) with information to help it evaluate whether to proceed in the application of the proposed annuity. Providing this information does not create any obligation or commitment whatsoever between NYLIAC (including any of its successors, assignees, affiliates, subsidiaries, directors, officers, agents and employees) and any other party. All questions must be answered completely; if not, NYLIAC reserves the right to cease further evaluation of the annuity being applied for. **We reserve the right to request additional information.** By signing below, the applicant understands and agrees that a financial investigation may be conducted by one or more independent organization(s) in conjunction with the processing of the application and hereby consents to such investigation for this purpose.



Name of Agent

Signature of Agent



Name of Purchaser

Signature of Purchaser

Date

Date

ADDITIONAL INFORMATION