New York Life Secure Term MVA Fixed Annuity II

Application Kit - Compact States

MVAII-APP-0325

INSTRUCTIONS

1. ANNUITY PLAN TYPE

Choose ONE Plan Type and complete the section and, if applicable, the transfer/exchange form.

- If this is for a Non-Qualified Certificate of Deposit Transfer or a Mutual Fund Redemption or Transfer, complete form number ANN43036F.
- If this is for a 1035 Exchange, complete form number ANN43263F.
- If this is for an Inherited Non-Qualified, complete form number ANN19091.
- If this is for an IRA, SEP IRA, or Roth IRA Transfer/ Direct Rollover, complete form number ANN43009FNS.
- If this is for an Inherited IRA or Inherited Roth IRA, complete form number ANN18752.

2. ANNUITY PREMIUM PAYMENT AMOUNT and INITIAL INTEREST RATE GUARANTEE PERIOD AND SURRENDER CHARGE PERIOD

The minimum single premium is $5,000.

For policies of $2 million or more – complete form number ANN18824 which must be approved by an officer of NYLIAC prior to submitting the application.

Choose one Initial Interest Rate Guarantee Period And Surrender Charge Period.

Initial Interest Rate Guarantee Periods:

3 Years and 3 Year Surrender Charge Period
4 Years and 4 Year Surrender Charge Period
5 Years and 5 Year Surrender Charge Period
6 Years and 6 Year Surrender Charge Period
7 Years and 7 Year Surrender Charge Period

Surrender Charge Periods:

Three Years 7%, 7%, 7%
Four Years 7%, 7%, 7%, 6%
Five Years 7%, 7%, 7%, 6%, 5%
Six Years 7%, 7%, 7%, 6%, 5%, 4%
Seven Years 7%, 7%, 7%, 6%, 5%, 4%, 3%

3-6. OWNER, JOINT OWNER, ANNUITANT, AND JOINT ANNUITANT

For a Non-Qualified policy, the Owner may be the Annuitant, a Trust, the spouse of the Annuitant or both spouses for a jointly-owned contract. For an IRA, Roth IRA, SEP IRA, the Owner and Annuitant must be the same. For an Inherited IRA and Inherited Roth IRA, the Owner will be the original policyowner, and the Annuitant must be named Beneficiary under the original IRA policy. **Note:** Joint Life policies are not available for Roth IRA, Inherited IRA, or Inherited Non-Qualified plans.

Under the IRS's aggregation rule, all non-qualified cash value deferred annuity contracts issued by NYLIAC (or its affiliates) to the same owner in the same calendar year are treated as one contract for purposes of determining the taxable portion of a partial withdrawal or surrender. This means that if a distribution is taken, we are required to take into account the gains (or losses) in all of your contracts that are subject to aggregation and more of the distribution may be taxable.

Use the below chart to select the correct Tax Certification form. Tax Certification forms are required to be submitted prior to the contract being issued.

NOTE FOR TRUST OR ENTITY OWNED POLICIES:
The W-9 form must be completed and returned with the application.

Owner Type	W-9	W-8BEN	W-8BEN-E	Other W-8 Forms
US Citizen Individual Owner	Yes	N/A	N/A	N/A
Non US Citizen w/ Resident Alien US Tax Status (e.g. Green Card)	Yes	N/A	N/A	N/A
Non US Citizen w/o Resident Alien US Tax Status	N/A	Yes	N/A	Yes
US Entity	Yes	N/A	N/A	N/A

Other W-8 Forms:

Individual Owners (Non US Citizen and does not have a Resident Alien US Tax Status e.g. Green Card):- use W-8BEN Form except in the following circumstances:

Form W-8ECI – The Owner is claiming that income is effectively connected with the conduct of trade or business within the US (other than personal services).

Form 8233 or Form W-4 – The Owner is a beneficial owner that is receiving compensation for personal services performed in the US.

Form W-8IMY – The Owner is acting as an intermediary.

Entity Owner (Non US Entity) – use W-8BEN-E form except in the following circumstances:

Form W-8ECI – The Owner is claiming that income is effectively connected with the conduct of trade or business within the US (other than personal services).

Form 8233 or Form W-4 – The Owner is a beneficial owner that is receiving compensation for personal services performed in the US.

Form W-8IMY – The Owner is acting as an intermediary.

Form W-8EXP – if the entity is a foreign government, international organization, foreign central bank of issue, foreign tax-exempt organization, foreign private foundation, or government of a US possession receiving a withhold-able payment or receiving a payment subject to chapter 3 withholding.

7. BENEFICIARY DESIGNATION

Provide name, relationship to the owner, Date of Birth, Social Security or Tax I.D. number, address, telephone number, and percentage to be paid to each Beneficiary listed. Primary and Contingent designations must each total 100%. If the Ownership is under UGMA/UTMA, the Primary Beneficiary must be the estate of the minor. If the Owner is a Trust, the Primary Beneficiary must be the Trust.

Unless the box under declining to designate surviving spouse as the sole Primary Beneficiary is checked, your spouse will be the sole Primary Beneficiary.

If multiple Primary Beneficiaries are named and one or more of those Beneficiaries does not survive the Owner(s), that Beneficiary's interest is terminated and his/her percentage will be divided proportionately among the remaining Primary Beneficiaries. The same holds true for Contingent Beneficiaries. **To avoid this you can designate "Per Stirpes" next to each applicable Beneficiary's name.** Per Stirpes allows for each Beneficiary's heirs to receive his/her percentage of any remaining death benefit.

8. OPTIONAL RIDER

If electing the Enhanced Beneficiary Rider, review disclosure number ANN18754 and provide to the client. Must be age 70 or younger to elect this rider.

9. REPLACEMENT INFORMATION

Check the appropriate box to indicate if you have an existing life insurance or annuity policy, or if you are replacing a life insurance or annuity policy. **Both questions must be answered.** Follow state replacement regulations and attach any required replacement forms.

10. ADDITIONAL INFORMATION

Use this space to provide additional information. Remember to refer back to the original section number.

11. FRAUD AND DISCLOSURE STATEMENT

This is for disclosure purposes. Please read this section carefully.

12. SIGNATURES, ACKNOWLEDGEMENTS AND TAX CERTIFICATION

The Owner, Joint Owner (if applicable), and Annuitant (if other than Owner or Joint Owner) must sign and date this section.
Owner Tax Certification: If the Owner is subject to backup withholding, be sure to check the box in this section.

PRODUCER'S STATEMENT

The Representative/Agent must complete, sign and date this section. All questions, including both replacement questions, must be answered.

If you need assistance, please contact:

New York Life Annuities Sales Desk
1-888-474-7725

Web Site
www.newyorklifeannuities.com

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

Overnight/Express Mail Address
NYL Annuities - TPD
400 White Clay Center Drive
Attn: LOCKBOX # 7390
Newark, DE 19711

APPLICATION For Individual Single Premium Deferred Fixed Annuity
New York Life Secure Term MVA Fixed Annuity II
New York Life Insurance and Annuity Corporation (NYLIAC) (A Delaware Corporation)

Regular Mail Address: NYL Annuities – TPD, Mail Code 7390, PO Box 7247, Philadelphia, PA 19170-7390
Overnight/Express Mail Address: NYL Annuities – TPD, 400 White Clay Center Drive, Attn: LOCKBOX # 7390, Newark, DE 19711

ANNUITY COMMENCEMENT DATE AT THE LATER OF AGE 95 OR 10 YEARS

Please print or type

1. ANNUITY PLAN TYPE

Choose **ONE** Plan Type and complete the appropriate selection.

☐ **Non-Qualified** — Is this a 1035 Exchange? ☐ Yes ☐ No

☐ **Inherited Non-Qualified*** — Exchange Amount $ _____
***Not available for policies with Joint Annuitants.**

☐ **Traditional IRA**
☐ **SEP IRA**
☐ **Roth IRA**

Current Year Contribution $_____ Year _____
Prior Year Contribution $_____ Year _____
☐ Transfer $_____
☐ Rollover $_____

☐ **Inherited IRA***
☐ **Inherited Roth IRA***

Transfer
$_____
***Not available for policies with Joint Annuitants.**

NOTE: If this is a Traditional IRA, SEP IRA, or Roth IRA transfer/rollover, submit Qualified Transfer/Direct Rollover Form. If this is an Inherited IRA transfer, or Inherited Roth IRA Transfer submit Inherited IRA Information/Transfer Form. If this is an Inherited Non-Qualified exchange, submit Inherited Non-Qualified Information/Exchange Form.

2. ANNUITY PREMIUM PAYMENT AMOUNT and INITIAL INTEREST RATE GUARANTEE PERIOD AND SURRENDER CHARGE PERIOD

A. Premium Payment Amount $_____

If paying by check directly to New York Life, make payable to NYLIAC. Indicate total estimated amount including cash with application and anticipated transfer/exchange amounts.

B. Initial Interest Rate Guarantee Period And Surrender Charge Period

Choose **ONE:**

☐ 3 Years and 3 Year Surrender Charge Period ☐ 5 Years and 5 Year Surrender Charge Period
☐ 4 Years and 4 Year Surrender Charge Period ☐ 6 Years and 6 Year Surrender Charge Period
☐ 7 Years and 7 Year Surrender Charge Period

3. OWNER

First Name or Trust/Corporation Name	Middle	Last Name	Suffix

Mailing Address

Street or P.O. Box	City	State	Zip Code

Residence Address (if different from mailing address)

Street	City	State	Zip Code

Date of Birth (mm/dd/yyyy)	Social Security/Tax I.D. Number	☐ Male ☐ Female

Country of Citizenship ☐ U.S. ☐ Other, Country Name:	If you checked "Other" under Country of Citizenship, are you a U.S. Resident Alien? ☐ Yes ☐ No
Telephone Number ☐ Cell ☐ Home ☐ Business	Email Address
Relationship to Annuitant ☐ Self ☐ Spouse ☐ Other:	Relationship to Joint Annuitant, if applicable ☐ Self ☐ Spouse ☐ Other:

4. JOINT OWNER

Available for Non-Qualified Plan Type **ONLY. (but not Inherited Non-Qualified)**

First Name	Middle	Last Name	Suffix

Mailing Address

Street or P.O. Box	City	State	Zip Code

Residence Address (if different from mailing address)

Street	City	State	Zip Code

Date of Birth (mm/dd/yyyy)	Social Security/Tax I.D. Number	☐ Male ☐ Female

Country of Citizenship ☐ U.S. ☐ Other, Country Name:	Telephone Number ☐ Cell ☐ Home ☐ Business

Email Address	Relationship to Owner ☐ Spouse ☐ Other:

Relationship to Annuitant, if applicable: ☐ Self ☐ Spouse ☐ Other:	Relationship to Joint Annuitant, if applicable: ☐ Self ☐ Spouse ☐ Other:

5. ANNUITANT

Complete this section if the Annuitant is not the Owner or Joint Owner.

First Name	Middle	Last Name	Suffix

Residence Address

Street	City	State	Zip Code

Date of Birth (mm/dd/yyyy)	Social Security Number	☐ Male ☐ Female

Country of Citizenship ☐ U.S. ☐ Other, Country Name:	Telephone Number ☐ Cell ☐ Home ☐ Business	Email Address

6. JOINT ANNUITANT

Complete this section if the Joint Annuitant is not the Owner or Joint Owner. **Not available for Inherited IRA, Inherited Non-Qualified, and Inherited Roth IRA Policy Types.**

First Name	Middle	Last Name	Suffix

☐ Male ☐ Female	Date of Birth (mm/dd/yyyy)

Residence Address (Required)

Street	City	State	Zip Code

Social Security Number	Country of Citizenship ☐ U.S. ☐ Other, Country Name:

Telephone Number ☐ Cell ☐ Home ☐ Business	Email Address

7. BENEFICIARY DESIGNATION

Note: Primary and Contingent Beneficiary designations must each total 100%. If percentage(s) are not provided, the benefits will be divided equally. For a per stirpes Beneficiary designation, write "Per Stirpes" next to each applicable Beneficiary's name. Use Section 10 to enter additional Beneficiary information. Refer to the application instructions for further details.

For Traditional, Roth and SEP IRA Plan Types: Please note that available death benefit payout options differ depending on whether your designated Beneficiary is **eligible** or **non-eligible** (determined as of the date of your death) under the Internal Revenue Code ("IRC"). 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 you. All other individual Beneficiaries are non-eligible, and all proceeds must be distributed to them by the end of the 10th year following the year of your death.

For Inherited IRA, Inherited Roth IRA, and Inherited Non-Qualified Plan Types: After your death, your 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 original IRA owner or retirement plan participant.

JOINT OWNERS WHO ARE SPOUSES:

Unless you check the box below, your spouse) will be the **sole Primary Beneficiary** of the Policy and no other primary beneficiary should be designated. This allows the surviving Owner/spouse) to continue the Policy at the death of the other Owner before the Annuity Commencement Date.

ONE OWNER:

Unless you check the box below, your spouse will be the **sole Primary Beneficiary** of the Policy and no other primary beneficiary should be designated. This allows your spouse to continue the Policy if you die before the Annuity Commencement Date. If your spouse's information is not listed in the sections above, please provide his/her information below.

Regardless of your primary beneficiary designation, you may name contingent beneficiary(ies) below.

DECLINING TO DESIGNATE SURVIVING SPOUSE AS THE SOLE PRIMARY BENEFICIARY:

☐ **By checking this box, I am NOT naming my spouse as sole Primary Beneficiary and instead designate the individual(s)/entity(ies) named below. As a result, the Policy will end at the death of any Owner before the Annuity Commencement Date and NYLIAC will pay a death benefit.**

JOINT OWNERS WHO ARE NOT SPOUSES:

The surviving Owner is the **sole Primary Beneficiary.** No other primary beneficiary should be designated however, you may name contingent beneficiary(ies) below. The Policy will end at the death of the other Owner.

☐ **PRIMARY** or ☐ **CONTINGENT** Beneficiary's Full Name/Entity Name	Date of Birth (mm/dd/yyyy)	Social Security/ Tax I.D. Number	Percentage %
Address: Street	City	State	Zip Code
Email Address	Telephone Number		Relationship to Owner

☐ **PRIMARY** or ☐ **CONTINGENT** Beneficiary's Full Name/Entity Name	Date of Birth (mm/dd/yyyy)	Social Security/ Tax I.D. Number	Percentage %
Address: Street	City	State	Zip Code
Email Address	Telephone Number		Relationship to Owner

☐ **PRIMARY** or ☐ **CONTINGENT** Beneficiary's Full Name/Entity Name	Date of Birth (mm/dd/yyyy)	Social Security/ Tax I.D. Number	Percentage %
Address: Street	City	State	Zip Code
Email Address	Telephone Number		Relationship to Owner

☐ **PRIMARY** or ☐ **CONTINGENT** Beneficiary's Full Name/Entity Name	Date of Birth (mm/dd/yyyy)	Social Security/ Tax I.D. Number	Percentage %
Address: Street	City	State	Zip Code
Email Address	Telephone Number		Relationship to Owner

8. OPTIONAL RIDER

A charge may apply to the rider you elect below. Certain riders may not be available with all Plan Types and/or in all jurisdictions.

☐ Enhanced Beneficiary Benefit **(EBB)**

9. REPLACEMENT INFORMATION

If "Yes" to A or B, provide policy information below. Use Section 10 to include information if more than two policies are being replaced.

A) Do you have any existing life insurance or annuity policies? B) Is the policy applied for intended to replace or change any life insurance or annuity policy?	☐ Yes ☐ No ☐ Yes ☐ No
Company Name – Policy Number – Estimated Cash Value – Cost Basis (for Non-Qualified Policies)	1035 Exchange: ☐ Yes ☐ No
Company Name – Policy Number – Estimated Cash Value – Cost Basis (for Non-Qualified Policies)	1035 Exchange: ☐ Yes ☐ No

10. ADDITIONAL INFORMATION

Attach a separate sheet if additional space is needed.

11. FRAUD AND DISCLOSURE STATEMENT

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

12. SIGNATURES, ACKNOWLEDGEMENTS AND TAX CERTIFICATION

Read statements and sign below.

By signing below, I/We acknowledge and agree to all of the statements and representations made in this application and that: (1) **This Policy will not become effective unless it is issued while the Owner(s) and Annuitant are living**. (2) Under penalties of perjury, the Social Security/Taxpayer Identification Numbers provided on this application are certified to be correct. (3) No Agent is authorized to accept risks, make or change this application or change any policy issued by the Company, or give up any of the Owner's rights or requirements. (4) I/We understand that this Policy is not backed or guaranteed by any bank or insured by the FDIC.

I/WE UNDERSTAND THAT THE POLICY'S ACCUMULATION VALUE OR AMOUNTS RECEIVED AS A RESULT OF ANY PARTIAL WITHDRAWALS OR FULL SURRENDER TAKEN DURING THE SURRENDER CHARGE PERIOD, MAY BE INCREASED OR DECREASED BY THE APPLICATION OF A MARKET VALUE ADJUSTMENT. THERE IS NO GUARANTEE THAT I/WE WILL RECEIVE BACK THE FULL PREMIUM PAID.

The Owner's tax certification provided below does not apply if the Owner is not a U.S. person (including a U.S. resident alien) and has otherwise completed and executed an applicable IRS Form W-8.

Owner Tax Certification:

Under penalties of perjury, I (as Owner named) certify:

1. **My Social Security Number or Tax ID Number shown on this application is my correct taxpayer identification number,**
2. **Unless indicated below, 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 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.

Signed at (City/State)		**DATE SIGNED**	
			
▲ Owner's Signature		**▲ Joint Owner's Signature (if applicable)**	
			
▲ Annuitant's Signature (if other than Owner or Joint Owner)		**▲ Joint Annuitant's Signature (if other than Owner or Joint Owner)**	

For Representative/Agent use only. Signature Required
The below is not part of the application, but it must be completed.

PRODUCER'S STATEMENT:	
1. Is Owner a U.S. Citizen?	☐ Yes ☐ No If you have answered "No", check the appropriate box below: ☐ Resident Alien ☐ Non-Resident Alien ☐ Other:
2. Is Joint Owner a U.S. Citizen? (if applicable)	☐ Yes ☐ No
3. Does the applicant have any existing life insurance or annuity policies?	☐ Yes ☐ No
4. Is this intended to replace or change any life insurance or annuity policy?	☐ Yes ☐ No If you have answered "Yes" to either question #3 or #4 of the Producer's Statement, please **follow state replacement regulations and attach any required replacement forms**.
5. Is the Owner of the Policy a Trust?	☐ Yes ☐ No If you have answered "Yes", please attach pages of the Trust Agreement, including a copy of the title page, signature page, and any applicable trustee designation pages and amendments to the Trust.

All of the answers to questions and statements in the application are true to the best of the knowledge and belief of those who made and recorded them. I have used only company-approved sales material in connection with this application, and copies of all sales material used were left with the applicant.

SIGN HERE	DATE HERE
▲ **Representative's/Agent's Signature**	▲DATE SIGNED

Representative's/Agent's Name	Telephone Number
Representative's/Agent's Email Address	
State License Number	NYLIAC Code Number
Firm/Agency Name	Firm/Agency Telephone Number
Firm/Agency Address Street City State Zip Code	

(08/2020)

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