

My payment preferences

STEP 1 Tell us your contact information.

Owner name

Dylan Loebel-Begelman

Mobile phone

(925) 787-1883

Email

dylanlb8@gmail.com

Address

1155 Ida Lin Way
STREET

APT.

Paradise
CITY

CA
STATE

95969
ZIP

STEP 2 Tell us your policy number(s). Please only list policies where you are the owner or joint owner.

My policy numbers	Premium amount	Paid-up additions (\$10 minimum, \$5 for Employee Whole Life)	We're here to help. If you need assistance completing this form, please contact us at (800) 695-9873 , visit newyorklife.com , or contact your agent.
14357796	\$ 118.77	\$	
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	

- ☐ Withdraw all premiums as one lump sum on the 15TH of each month.
☐ Withdraw all premiums as individual transactions each month.

STEP 3A Tell us what bank account you'd like to use.

Routing number

1 2 1 0 4 2 8 8 2

Bank name

Wells Fargo

Account number

5004812185

- ☒ Checking
☐ Savings

Name of account holder

Dylan Loebel-Begelman

Name
Address
City, State, Zip

Date

1234
01-2345678

PAY TO THE ORDER OF

\$

DOLLARS

BANK NAME
ADDRESS
CITY, STATE, ZIP

FOR

123456789 000123456789 1234

Bank Routing Number Account Number Check Number

STEP 3B Please **only** complete if the bank account holder named above (the payer) is **not** the policy owner.

Helpful tip: provide the designated payer's information below and indicate payer type in the signature section on the next page.

Social Security or Tax ID number

Date of birth

Relationship to policy owner

MONTH / DAY / YEAR

Address
No PO boxes
please

STREET

APT.

CITY

STATE

ZIP

Your signature is required on the next page ►



8069 0118 01

My payment preferences



STEP 4A Read and sign.

By signing, I/We authorize New York Life Insurance Company, New York Life and Annuity Corporation and NYLIFE Insurance Company of Arizona (collectively, "New York Life") to pay policy premiums and/or purchase paid-up additions by withdrawing them from the account listed in Step 3A above and to make refunds to that account. I/We also authorize the bank associated with that account to debit and/or credit that account accordingly.

I/We understand that the withdrawals will normally be debited monthly on a regular schedule established by New York Life. This arrangement does not change the premium due date specified in the policy and will not extend any applicable grace or late periods for premium payment; the policy will lapse at the end of any applicable grace or late periods if the premium remains unpaid; and premium notices will not be sent while this arrangement is in effect.

I/We also understand that the policy owner or the bank account holder may terminate or modify this arrangement at any time by notifying New York Life at least 10 days prior to the withdrawal date. Such notifications must be made by calling New York Life, or sending a signed and dated request to the address on this form.



Your signature(s) confirm(s) that you have read all the information on this form and that the information you have provided is correct.

 Policy owner signature (Required)	Dylan Loebel-Begelman Name (Print)	 Title (if applicable)	 Date
 Policy owner signature (Required)	 Name (Print)	 Title (if applicable)	 Date

STEP 4B Please **only** complete if you are a designated payer.

If the owner or payer is a corporation, trust, or partnership, please provide signatures of two corporate officers, required trustees, or two partners other than the insured. Titles are required.

Payer type If you are one of these designated payer types, please check the appropriate box and sign below. ☐ Individual ☐ Corporation ☐ Trust ☐ Partnership ☐ Sole-proprietor

 Bank account owner signature (Required if other than the policy owner)	 Name (Print)	 Title (if applicable)	 Date
 Bank account owner signature (Required if other than the policy owner)	 Name (Print)	 Title (if applicable)	 Date

STEP 5 Done! Send us your completed form.

You have options. Pick one that best suits your needs.

By mail: **New York Life, PO Box 130539, Dallas, TX 75313-0539**

By fax: **(800) 278-4117**

In person: You can drop off this completed form at a New York Life office near you.

If you have additional instructions or comments, tell us below. We'll reach out to you if we need more information.

***** I understand that Policy 14357796 is owed \$475.08 in back premiums and that I will be charged for these premiums to make my policy current and up to date.
The recurring premium moving forward will be \$118.77

