



New York Life Insurance Company
New York Life Insurance and Annuity Corporation
(A Delaware Corporation)
51 Madison Avenue, New York, NY 10010

Full Surrender for Life Policies *Please print clearly*

A full surrender may result in a surrender charge being deducted from the settlement and severe tax penalties may be imposed. Please contact your agent and/or tax advisor before submitting this request for payment.

STEP 1 Tell us your policy information.

Policy number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Policy owner name	<input type="text"/>	<input type="text"/>	<input type="text"/>
		FIRST	M.I.	LAST	
Daytime phone	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Email <input type="text"/>		

STEP 2 Tell us how you would like to receive your surrender proceeds (select one).

Receive check and send to (please check one):

- ☐ Address of record. ☐ The temporary address below.

Address

STREET

APT.

CITY

STATE

ZIP

Receive Electronic Funds Transfer (EFT)

- ☐ Deposit funds via EFT to the bank account already on file. This option is only available with policies having an existing EFT payment arrangement. If the EFT is unsuccessful for any reason, a check will be mailed to your address on record. Note: this option is not available for any single premium annuity products.

☐ Pay Premium for another New York Life Product

If this full surrender includes monies to be withdrawn for the purposes of paying a premium for another New York product, please indicate the policy number:

STEP 3 Tell us about your tax withholding election.

Note: If you surrender your policy, it may result in a taxable gain. Any taxable gain will be reported by us to you, to the Internal Revenue Service, and to any applicable state taxing authorities. Be sure to discuss this with your tax advisor.

Are you a citizen of the United States? ☐ Yes ☐ No

Please select one of the following withholding options applied for this payment.

- ☐ NO Federal or State taxes withheld ☐ ONLY Federal taxes withheld _____ % (Not available in certain states)
- ☐ BOTH Federal _____ % and State _____ % ☐ ONLY State taxes withheld _____ %

If no federal and/or state election is made, or if you elect to have federal and/or state income taxes withheld at a rate less than the minimum amount required by applicable law, we will withhold the minimum percentage required. If you elect to have federal taxes withheld, state withholding may apply depending on your state of residence.

STEP 4 Read and sign.

The following additional signatures are required:

- Where the owner is a corporation, the form must be signed on behalf of the corporation by two corporate officers, one of whom may be either the treasurer or secretary.
- Where the owner is a partnership, the form must be signed by two partners other than the Insured.
- Where the policy is assigned, the assignee's signature is required in addition to the policyowner's signature.
- Where the policyowner is a person acting as guardian, conservator in a similar capacity, evidence of appointment must accompany the form.
- Please note for VUL products only:** For disbursement requests greater than \$50,000, it must be received in a form acceptable to us and include a notarized confirmation of the owner(s) signature or a medallion signature guarantee. If your address or bank account information has been on file with us for less than 30 days, we will either require in writing or require additional verification of your identity, in a means acceptable to us, before we will process a request to send proceeds electronically to that bank account or through the mail to that address.



Your signature is required on the next page ►

Full Surrender for Life Policies

STEP 4 *continued from the previous page*

Owner Tax Certification

Under penalties of perjury, I (as owner named) certify: 1. My Social Security number or Tax ID number shown on this form is my correct taxpayer identification number; 2. I am not subject to backup withholding because (a) I am exempt from backup withholding; (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 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. account, this last certification (4) does not apply.)

☐ Check this box if the IRS has notified you that you are subject to backup withholding.





If you are a U.S. entity, you must submit a completed IRS Form W-9. If you are not a U.S. citizen, U.S. resident alien or other U.S. person, you must submit the applicable Form W8 with this form to certify your foreign status and, if applicable, claim treaty benefits. If you are not a U.S. person, your signature below only applies to the provisions of this document other than the provisions contained in this Owner Tax Certification section.

Enter your Social Security number if you are an individual.

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The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

 Policy owner/Officer/Trustee signature	Title of Officer (if applicable)	Name (Print)	Date
 Policy owner (required if joint owner) Officer/Trustee signature	Title of Officer (if applicable)	Name (Print)	Date
 Assignee signature (if applicable)		Name (Print)	Date
 Assignee signature (if applicable)		Name (Print)	Date

Notarized confirmation/Medallion signature guarantee for amounts greater than \$50,000 (REQUIRED for VUL products only)

State of _____ County of _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____ by _____, who is/are personally known to me or satisfactorily proven to be the person who executed it for the purpose therein contained.

Notary Public	Print name	Date commission Expires
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STEP 5 Done! Send us your completed form.

Mail: New York Life, PO Box 130539, Dallas, TX 75313-0539

Questions? Call us at 1-800-CALL-NYL For online policy information and service, visit us at newyorklife.com

Important State Income Tax Withholding Information (as of January 1, 2019)

For residents of Arkansas, California, Delaware, Georgia, Iowa, Kansas, Maine, Maryland, Massachusetts, Nebraska, North Carolina, Oklahoma, Oregon, Vermont, Virginia and Washington, DC: State withholding is generally required if federal income tax is being withheld.

For residents of Arkansas, California, Georgia, Maine, North Carolina, Oregon, and Vermont: If federal income tax is being withheld, state income tax withholding is generally required, unless you elect not to have state income tax withholding apply.

For residents of Michigan: We are required to withhold state income tax from the taxable portion of your payments, unless you provide us with a properly completed Form MI W-4P and you claim an exemption from withholding.

For residents of Connecticut: We are required to withhold state income tax from the taxable portion of your payments, unless you provide us with a properly completed Form CT-W4P and you claim an exemption from withholding. An exemption may not be claimed for lump sum distributions.

For residents of Indiana, Louisiana, Missouri, Montana, New Jersey, New Mexico, New York, Utah, and Wisconsin: These states do not require withholding of state income taxes, but generally allow you to elect to have withholding apply. Certain exceptions and special rules apply in some states.

For residents of Arizona: State income tax withholding is voluntary and only applies to periodic payments. Withholding election requests must be accompanied by Arizona Form A-4P. Without an A-4P New York Life cannot withhold Arizona state taxes if elected.

State specific tax withholding requirements are subject to change. Please contact a tax professional for more information.



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Important Federal Income Tax Withholding Information

This information is required to carry out the Internal Revenue laws of the United States and to provide you with some basic information about withholding of Federal income tax from your payment under the policy specified in the Income Tax Withholding Election section.

A surrender may result in a taxable gain reportable to the IRS. Generally, Federal withholding applies to taxable payments made from pension, profit-sharing, stock bonus, annuity and other employer deferred compensation plans, individual retirement arrangements (IRA), and commercial annuities (which include individual annuity, life insurance and endowment policies). If you make a withdrawal before you reach age 59½, you also may be subject to a 10% tax penalty on any taxable gain. Please consult a professional tax advisor for more information on this tax penalty and for exceptions to this rule.

Federal income tax must be withheld at a 10% rate unless you elect not to have withholding apply to the taxable portion of your payment. You can make this election by checking the appropriate box in the Income Tax Withholding Election section. Non-persons such as corporations, companies, trusts, etc. or U.S. citizens living outside the United States cannot elect out of withholding. Generally, your election as to whether taxes are or are not to be withheld will apply to any other payment from the same policy. You may change this election at any time. To change your previous election, check one of the boxes in the Income Tax Withholding Election section.

