



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

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

A **Receive your proceeds faster.** Send proceeds via Electronic Funds Transfer (EFT). **Please check one.**

- ☐ Directly to the bank account already on file.* ☐ Directly to my bank account listed below.*

Routing number	Bank name
Account number <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Account Holder Name (Policy owner must be a depositor on the account.)

For VUL only: If we receive your request for a Full Surrender on any day which is not a business day (e.g. weekend or holiday), your request shall be processed the following business day. If applicable, the unit value for each payment will be equal to the unit value for the respective Allocation Alternative on the business day the transaction is processed.

* If we are unable to send your payment(s) via EFT to the bank account provided, we will send a check to the address of record.

Note: Your Financial Institution must be a member of the Automated Clearing House (ACH). Please check with your Financial Institution.

B **Receive check and send to** (please check one):

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

Address				
STREET	APT.	CITY	STATE	ZIP

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If this full surrender includes monies to be withdrawn for the purposes of paying a premium for another New York product, please indicate the policy number:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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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 the withholding options that apply to this payment.

Federal withholding election:

- ☐ **NO** withholding ☐ **YES** withhold at default 10% rate ☐ **YES** withhold at a different rate (IRS Form W-4R required)

State withholding election:

- ☐ **NO** withholding (may not be available in certain states) ☐ **YES** withhold at _____% rate (minimum state withholding may apply)

If you elect to have federal income tax withheld, you can choose any rate between 1 - 100%. If you wish to have federal withholding at a rate other than the default 10% rate, please submit a completed IRS Form W-4R (which can be found at www.irs.gov) along with this request form. For an eligible rollover distribution, 20% minimum withholding is required. If federal withholding applies, state withholding may apply depending on your state of residence. We are required by Federal law to withhold 10% of any taxable gain that may result from this transaction if: (1) your taxpayer identification number is not provided in Step 4, (2) you do not make a withholding election, or (3) the payment is delivered outside of the United States or its possessions.



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Your signature is required on the next page ►

Full Surrender for Life Policies

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.

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 W-8 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.

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

ONLINE: Save time and postage by uploading this form at newyorklife.com/register. Log in or register to upload in minutes.



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State Income Tax Withholding Information (as of January 1, 2023)

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, Oklahoma, 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 Minnesota: We are required to withhold state income tax from the taxable portion of your payments, unless you provide us with a properly completed Form W-4MNP and you elect out of 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.

For residents of Oklahoma: If you wish to have withholding applied at a rate other than the default rate, you must provide a Form OK-W-4-P (for periodic payments) or a Form OK-W-4-R (for non-periodic payments).

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

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. 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.

