

# Death Benefit Proceeds Form for Individual Life and Annuities



The Company You Keep®





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

NYLIFE Insurance Company of Arizona\*  
(Not licensed in every state)  
4343 North Scottsdale Road, Suite 220  
Scottsdale, AZ 85251

## Receiving the benefits intended for you.

Dear Beneficiary:

Please accept our condolences for your loss during this difficult time.

We are providing the enclosed Death Benefit Proceeds kit to help make it as easy as possible for you to receive the benefits intended for you by our policyowner. Please return a completed Death Benefit Proceeds form, certified death certificate, and any additional required documents, so we can process your benefit promptly.

For assistance in completing the form or understanding what information is required, you may contact a local New York Life Agent or call a customer service representative at one of the enclosed contact numbers provided in this kit. In addition, you may find helpful bereavement information on our website, [www.newyorklife.com](http://www.newyorklife.com). We have also provided a Frequently Asked Questions handout containing information that will help you with completing the form.

We appreciate the trust placed in us by millions of policyowners and their beneficiaries for over 170 years and are proud to continue that tradition in service to you.

On behalf of New York Life,

A handwritten signature in blue ink that reads "Stephanie A. Frawley".

Stephanie A. Frawley  
Vice President

\* NYLIFE Insurance Company of Arizona is not authorized in New York or Maine and does not conduct insurance business in New York or Maine.

# Important Information to Help Complete Your Death Benefit Proceeds Form

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To process your claim, we must have a completed Death Benefits Proceeds Form from **each** beneficiary, plus **one certified original death certificate**. If there are multiple beneficiaries, please photocopy the form or contact us for additional copies. It is not necessary to return the original policies.

## SECTION 3: CAPACITY UNDER WHICH YOU ARE MAKING THIS CLAIM

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Below is information regarding the different beneficiary types and what information is needed to complete this form.

**Individual Beneficiary:** A person claiming on their own behalf. If you request benefits to be paid to a funeral home, a copy of the assignment is required. Enter your Social Security Number in the Income Tax Certification in Section 3 and sign Section 7 (Beneficiary Signature).

**Custodian/Guardian/Conservator/Power of Attorney:** Payments on behalf of a minor must be made to an authorized representative of the minor, such as (i) a Custodian under the Uniform Transfers/Gifts to Minors Act, or (ii) a court designated Guardian of the "Person and Estate" or "Estate" of the minor. The legal representative must enter the minor's Social Security Number in the Income Tax Certification in Section 3, and sign Section 7 (Beneficiary Signature).

Payments may be made to other authorized beneficiary representatives, such as a Conservator of an incapacitated beneficiary under a court appointed conservatorship, or delivered to an Attorney in Fact under a Power of Attorney. A copy of the applicable Conservatorship papers or Power of Attorney is required. The legal representative must enter the beneficiary's Social Security Number in the Income Tax Certification in Section 3, and sign Section 7 (Beneficiary Signature).

**Corporate Officer:** A copy of the corporate resolution may be required. Enter the corporate Taxpayer Identification Number in Section 3. Section 7 (Beneficiary Signature) must be signed by the corporate officers listing their respective titles.

**Estate Executor:** Be sure to submit a copy of the certified appointment papers and provide the estate Taxpayer Identification Number in Section 3. Section 7 (Beneficiary Signature) must be signed by all the estate representatives.

**Trustee:** A copy of the trust or amendments may be required. Provide the trust Taxpayer Identification Number in Section 3 and complete the Confirmation of Trust form. Section 7 (Beneficiary Signature) of the Death Benefit Proceeds Form and the Confirmation of Trust must be signed by all the trustees.

**Collateral Assignee:** A copy of the assignee's statement of interest must be provided. Section 7 (Beneficiary Signature) must be signed by the assignee or his/her authorized representative.

**\*NOTE: All non-individual beneficiaries must also complete and submit Form W-9 included in this kit. Failure to submit this requirement may result in 30% withholding on miscellaneous interest earned and/or taxable gain.**

## SECTION 5: PAYMENT OPTIONS FOR DEATH BENEFIT PROCEEDS AND SETTLEMENT ALTERNATIVES

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Unless settlement alternatives are available in the policy contract, as described below, you will be mailed a check for the full amount of the death proceeds. Proceeds from life insurance and fixed annuity products will be credited with interest as per the contract.<sup>1</sup> Variable Annuity account values will continue to fluctuate until all the paperwork that is necessary to pay the death proceeds has been received in good order. Please see the enclosed page titled Current Settlement Option Rates for rate information.

### Important Information

Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for

## Important Information to Help Complete Your Death Benefit Proceeds Form *(continued)*

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your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

**Settlement Alternatives<sup>2</sup>** The original life insurance or annuity contract may have specified that certain settlement alternatives are available for distributing the proceeds to the beneficiaries. Please refer to the original policy for a description of any alternatives. If the policy makes no mention of these, the death benefit proceeds will be distributed in a lump sum check. In some cases, the policyowner may have specified a method of settling a claim. If this has been done, we are obligated to carry out those instructions and will give you full details.

If the policy is not readily available, or for more information on these options, please contact New York Life at one of the telephone numbers provided in the Where to Return Your Death Benefit Proceeds Form section, and a customer service representative will be happy to assist you.

Brief descriptions of the settlement alternatives that may be available through the original contract are provided below.

**Proceeds Left on Deposit:** Allows you to leave your settlement proceeds with the Company to earn interest. Please see page 13 of this claim form for more information pertaining to Proceeds Left on Deposit.

**Elected Income:<sup>3,4</sup>** Equal periodic payments are made according to one of the following methods, as chosen by you:

- 1) For an elected period of years or
- 2) For an elected payment amount

**Guaranteed Life Income:<sup>3,4</sup>** Equal periodic payments are made during the lifetime of the named payee or payees. You may be allowed to select guaranteed payment periods for a certain number of years.

**Inherited IRA:** If you select this option, we will use the IRA death benefit proceeds for the purchase of a new policy issued as an Inherited IRA. An Inherited IRA allows you, the beneficiary of the original IRA, to take distributions from the Inherited IRA over a period of years, generally based on your life expectancy. The first Required Minimum Distribution must be distributed by the end of the year following the year of the death of the policyowner. If you wish to transfer the funds to an Inherited IRA, this must be done as a trustee-to-trustee transfer to the new custodian/institution with their paperwork.

### FOR ANNUITIES ONLY

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**Surviving Spouse Option:** A surviving spouse may have certain rights if he or she is the sole primary beneficiary of an annuity. In most cases, present laws permit surviving spouses to continue an individual tax-deferred annuity and keep its tax-deferred status intact. In effect, this allows a surviving spouse to maintain the contract and avoid paying taxes until he or she decides to make a withdrawal or surrender the contract. The spouse assumes ownership of the policy at the current accumulation value and the existing surrender charge schedule.

If you are the surviving spouse and sole primary beneficiary who elects this option, you must indicate that you wish to continue the annuity by checking the box in Section 5. The annuity will then be registered in your name, and it will continue under the same terms and conditions as the original policy, including any existing surrender charge schedule. For more information regarding tax consequences, please consult your tax advisor.

<sup>1</sup> Notice pursuant to Illinois Insurance Code 215 ILCS 5/224: For certain life insurance policies issued in Illinois, any payment made more than 31 days after the latest of the following to occur will be credited with 10% interest from the date of death through the date of payment: (1) the date we receive your due proof of loss; (2) the date we receive information sufficient to determine our liability and the appropriate payee of the proceeds; (3) the date we receive notice that legal impediments to the payment of proceeds are resolved. If proceeds are to be paid in installments, payments made after this 31-day period will be credited with 10% interest from the date of death until the first installment is made.

<sup>2</sup> Does not apply to immediate annuities.

<sup>3</sup> Beneficiaries must complete an IRS Form W-4P. This form is available at [www.irs.gov](http://www.irs.gov), or you may contact New York Life and request that the form be sent to you. Beneficiaries of a deferred annuity must have payments commence within one year of the date of death.

<sup>4</sup> Elected Income and Guaranteed Life Income do not have cash or loan values and no withdrawals are permitted.

## **SECTION 6: TAX WITHHOLDING FOR ANNUITIES ONLY**

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**Important Federal Income Tax Withholding Information** The information for this section 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 taxes from your payment under the option specified in the Tax Withholding Section.

Generally, federal withholding applies to taxable payments made from pension, profit sharing, stock bonus, annuity and other employer deferred compensation plans, individual retirement accounts (IRAs), and commercial annuities (which include individual annuity, life insurance, and endowment policies).

Federal income taxes 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 the election by checking the appropriate income tax withholding election box in Section 6. Non-individuals, such as corporations, companies, trusts, etc., or U.S. citizens living outside the United States cannot elect out of withholding. Generally, your election of whether or not taxes are to be withheld will apply to any other payment from the same policy.

Even if you elect not to have federal income taxes withheld, you are liable for payment of such taxes on the taxable portion of your payment. There are penalties under the estimated tax payment rules if enough taxes have not been paid through estimated tax payments or withholding.

If the taxable portion of a payment when added to the taxable portion of all other payments during the year is less than \$200, withholding for federal income taxes is not required. We will not withhold federal income taxes if the payment is being made to the trustees of a qualified pension or profit sharing plan.

Please consult your tax advisor for complete details of the rules discussed above.

**Important State Income Tax Withholding Information** In addition to the federal income tax withholding requirements, some states require withholding on policy gains when federal income taxes are withheld. The following states require state income tax withholding when federal income tax withholding is in effect: District of Columbia, Iowa, Kansas, Maryland, Massachusetts, Nebraska, Oklahoma, and Virginia. If you live in Arkansas, California, Georgia, Maine, North Carolina, Oregon, or Vermont, we are required to withhold state income taxes if federal income tax withholding is in effect, unless you elect not to have state income taxes withheld. In Delaware, state income tax withholding is required if federal income tax withholding is required. If you live in Michigan, we are required to withhold state income taxes 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. Certain exceptions and special rules apply in some states. For more information regarding the withholding requirements applicable in your state, please consult your tax advisor or state tax authority, as this information is subject to change.

## **WHERE TO RETURN YOUR DEATH BENEFIT PROCEEDS FORM**

If you are not using the postage-paid return envelope provided, please direct all Death Benefit Proceeds documents to:

New York Life  
Death Benefit Proceeds Administration  
PO Box 130539  
Dallas, TX 75313-0539

Please direct overnight mail to the following address:

New York Life  
Death Benefit Proceeds Administration  
51 Madison Avenue, Room 251  
New York, NY 10010

If you have any questions, please call one of the Death Benefit offices listed below.

For Life Insurance and Fixed Annuities  
**(800) 695-9873** (8 a.m. - 7 p.m. ET)

For Variable Life Insurance  
and Variable Annuities (policies that  
begin with a 57, 58, 63 or 755)

**(800) 598-2019** (9 a.m. - 6 p.m. ET)

**1. List below the policy number(s) under which you are making a claim**

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**2. Deceased Insured / Annuitant Information**

Name of Deceased (First, Middle, Last)		Nickname or Maiden Name	
Date of Birth <small>MM DD YYYY</small>	Date of Death <small>MM DD YYYY</small>	Deceased's Country of Birth	
Was Deceased totally disabled at least 6 months prior to death? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date of onset of disability _____		Cause/ Manner of Death	<b>Natural (check one)</b> <input type="checkbox"/> Cancer <input type="checkbox"/> Heart Disease <input type="checkbox"/> Respiratory Disease <input type="checkbox"/> Other _____ <b>If not Natural (check one)</b> <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Unknown <input type="checkbox"/> Other _____
Deceased's Social Security Number		State/Country of Residence at Time of Death	

**3. Beneficiary Information**

**Capacity under which you are making this claim** CHECK ONE. REFER TO PAGE 4 FOR DESCRIPTIONS.

Individual Beneficiary  
  Custodian/Guardian/Conservator/Power of Attorney  
  Corporate Officer  
  Estate Executor  
  Trustee See page 11  
  Collateral Assignee

Name (Individual, Minor, Corporation, Estate or Trust)	<input type="checkbox"/> Male <input type="checkbox"/> Female (if applicable)	
Relationship to Insured <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Other _____		
Date of Birth <small>MM DD YYYY</small>	Daytime Phone	Email
Residential Address <small>STREET APT. CITY STATE ZIP</small>		
Mailing Address (if different) <small>STREET APT. CITY STATE ZIP</small>		

**Income Tax Certification**

Enter your **Social Security number** if you are an individual beneficiary

<input type="text"/>	<b>OR</b>	Enter <b>Taxpayer Identification number</b> if claiming benefits as an estate, trust, or corporation
<input type="text"/>		<input type="text"/>

**4. Children Certification**

**Complete this section if you have been informed that the beneficiary designation is listed as Children of the Insured or Children Born of Marriage, or if there are children under the age of 25 insured under a Children's Insurance Rider.** Please list all children below. Attach an additional page if needed.

Name	Date of Birth	Parent 1
Address	Date of Death (if applicable)	Parent 2
Name	Date of Birth	Parent 1
Address	Date of Death (if applicable)	Parent 2

**See next page for Payment of Death Benefit Proceeds Options and your Required Signature ▶**

**5. Payment Options for Death Benefit Proceeds** Please select one of the following options.

*If no selection is made, proceeds will be sent in a Lump Sum Check (if applicable).*

- A Lump Sum Check**
- B Settlement Alternatives** (Please check one.)  Proceeds Left on Deposit  Elected Income  Guaranteed Life Income
  - Inherited IRA (if selected, this must be done as a trustee-to-trustee transfer to the new custodian/institution with their paperwork)
  - Other \_\_\_\_\_

The original life insurance contract may have specified that certain settlement alternatives are available for distributing the proceeds to the beneficiaries. Please refer to the original policy for a description of any alternatives. If the policy makes no mention of these, the death benefit proceeds will be distributed in a lump sum check.

**FOR ANNUITIES ONLY**

- C Surviving Spouse Option** This option is available if you are a surviving spouse and the sole primary beneficiary of an individual tax-deferred annuity (not available on Tax Sheltered Annuities, Keogh Plans, or Pension Plans). If selected, please proceed to Section 7.  
By not selecting this option, I acknowledge that I do not wish to take advantage of the special spousal tax-deferral option. I recognize that income taxes may be payable, and taxes may be withheld on some or all of the funds I receive.
- D Continue Payments** (if applicable for Immediate Annuities and if available in the contract)

**FOR LIFE INSURANCE ONLY**

- E Spouses's Paid-Up Insurance Option (SPPO)** If the primary beneficiary is the Insured's spouse or an eligible third party (such as a trust or an individual who is both the policyowner and the beneficiary), the primary beneficiary may be able to purchase a fully paid-up life insurance policy on the life of the spouse without underwriting or any medical questions, regardless of health. This option may also be available if the Insured's spouse dies at the same time as the Insured or within certain time limits, resulting in additional life insurance benefits. This is subject to the time limits set forth in the insurance policy.

\*The New York version of the SPPO Rider is called the Rider Insured's Paid Up Insurance option (RPPO/RIPPO).

**FOR ANNUITIES ONLY 6. Tax Withholding Section**

If your Social Security number (if you are an individual beneficiary) or Taxpayer Identification number (if claiming benefits as an estate, trust, or corporation) is not furnished in Section 3, or if a withholding election is not selected, we are required by Federal law to withhold 10% of any taxable gain that may result from this transaction. Mandatory 20% Federal income tax must be withheld for all tax-sheltered annuity payments.

**Amounts withheld will not be refunded by New York Life.**

**I elect to have the following withholding option applied to this payment under this policy(s). (Please check only one option below.)**

- NO** Federal or State income taxes will be withheld
- BOTH** Federal and State income taxes will be withheld
- ONLY** Federal income taxes will be withheld  
This option may not be available for residents of certain states. See Income Tax Certification and Withholding section on page 6
- ONLY** State income taxes will be withheld

If you elected any of the options above in which taxes will be withheld, you can specify the tax withholding percentage (%) of each withdrawal you would like to have applied to Federal and/or State income tax withholding. If a specific tax withholding amount is not indicated below, we will withhold 10% for federal tax purposes and the state's minimum withholding (if applicable). **Please fill in items (1) and (2) below.**

- (1)** I would like to apply \_\_\_\_\_% of the taxable portion to Federal Withholding.
- (2)** I would like to apply \_\_\_\_\_% of the taxable portion to State Withholding.

\*If you elect to have Federal income tax withheld, we are required to withhold at least 10% of the taxable portion of the distribution. If your state requires withholding, we will withhold the state's minimum amount if you select an amount that is less than the minimum. Please see the Important State Income Tax Withholding Information on page 6 for more information.

**7. Beneficiary Signature**

Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation. Please refer to the enclosed page entitled STATE VARIATIONS OF FRAUD WARNINGS for specific notices required in certain jurisdictions.

Under penalties of perjury, I certify that: (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; 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) I am exempt from Foreign Account Tax Compliance Act (FATCA) reporting.

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

If I am not a U.S. citizen, U.S. resident alien or other U.S. person, I am submitting the applicable Form W8 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.**

<b>X</b>		
<b>Signature (Required)</b>	<b>Name (Printed)</b>	<b>Date</b>
<b>X</b>		
<b>Signature (If required)</b>	<b>Name (Printed)</b>	<b>Date</b>





## HIPAA Compliant Authorization

To expedite the processing of your claim, please complete this page in its entirety. Complete **ONLY** if (a) the death was due to an accident and the policy contains the Accidental Death Benefit; or (b) the death occurred within two years of the policy's issue date; or (c) if specifically requested.

I give my permission to release information concerning

Name of Insured (First, Middle, Last)	Insured's Date of Birth	Insured's Social Security Number
Policy Number(s)		

who died on

Date
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to New York Life Insurance Company *including* its agents, affiliates or subsidiary companies and attorneys, reinsurers, insurance support groups and independent administrators who are acting on their behalf ("New York Life"). Information released may include records of **medical advice, medical care, medical treatment of AIDS or AIDS-related diseases, mental illness, drug or alcohol use**, other insurance coverage, **financial and employment history, driving records**, or information otherwise needed to determine policy claim benefits due but excludes psychotherapy notes. This information may be released by medical professionals or facilities, pharmacies, pharmacy benefit managers, government offices, employers, insurance companies, insurance support groups, group policyholders or benefit plan administrators, any consumer reporting agency, the Social Security Administration, the Internal Revenue Service, the Veteran's Administration, or any other organization or person having any knowledge of the above named Insured. When requesting information from any of the sources named above, a copy of this form is as valid as the original. I am aware that any information obtained will be used to evaluate my claim.

Either I, or a person I choose, am entitled to receive a copy of this authorization. This authorization is valid from the date signed until the claim is resolved, except in those states that allow for only a one-year limit.

I have the right to revoke this authorization at any time by notifying New York Life in writing at the address on this authorization. My revocation will not be effective to the extent New York Life or any other person already has disclosed or collected information or taken other action in reliance on this authorization. My revocation will also not be effective to the extent state law gives New York Life the right to contest a claim under the policy or the policy itself.

The information New York Life obtains based on this authorization may be subject to further disclosure. For example, New York Life may be required to provide it to insurance regulatory or other government agencies. In this case, the information may no longer be protected by the rules governing this authorization.

Signature of Authorized Representative*	Relationship to Insured	Date
X		

**\*Authorized Representative must provide proper documentation, such as Estate representation documents.**



## Medical Information and Insurance

Please complete this section in its entirety **ONLY (a) if the death was due to an accident and the policy contains the Accidental Death Benefit; or (b) if the death occurred within two years of the policy's issue date; or (c) if specifically requested.**

### Other Life Insurance coverage in effect for the Insured

Company Name	Policy Number
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Company Name	Policy Number
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### Physicians and Hospitals where the Insured was treated

Please provide the names and addresses of all physicians and hospitals who treated the Insured within the last 10 years. If necessary, use an additional sheet of paper.

Physician/Hospital Name			
Address			
<small>STREET</small>	<small>CITY</small>	<small>STATE</small>	<small>ZIP</small>
Telephone	Dates treated	Condition	

Physician/Hospital Name			
Address			
<small>STREET</small>	<small>CITY</small>	<small>STATE</small>	<small>ZIP</small>
Telephone	Dates treated	Condition	

Physician/Hospital Name			
Address			
<small>STREET</small>	<small>CITY</small>	<small>STATE</small>	<small>ZIP</small>
Telephone	Dates treated	Condition	

### Health Insurance policies that covered the Insured

Please list all health insurance carriers during the past 10 years. If necessary, use an additional sheet of paper.

Company Name	Policy Number	Effective Dates	Phone Number
Address			
<small>STREET</small>	<small>CITY</small>	<small>STATE</small>	<small>ZIP</small>

Company Name	Policy Number	Effective Dates	Phone Number
Address			
<small>STREET</small>	<small>CITY</small>	<small>STATE</small>	<small>ZIP</small>

Company Name	Policy Number	Effective Dates	Phone Number
Address			
<small>STREET</small>	<small>CITY</small>	<small>STATE</small>	<small>ZIP</small>



**Confirmation of Trust** (Complete ONLY if beneficiary of policy is a TRUST.)

A copy of the Title, Signature, and Notary pages of the trust agreement, including the pages showing the trustee and successor trustee information may be required.

**1. Policy Numbers**

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**2. Trust Information**

Deceased Annuitant/ Insured Name		
FIRST	MIDDLE	LAST
Name of Trust		
Date of Trust Agreement <small>MM DD YYYY</small>	Tax Identification 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"/> <input type="text"/>	State where trust was established

**Please select the statement below that applies:**

<input type="checkbox"/> The undersigned trustee(s) hereby certifies/certify that no oral or written notification has been received that the trust agreement dated _____/_____/_____ has been revoked or amended.	<b>or</b>	<input type="checkbox"/> The undersigned trustee(s) hereby certifies/certify that the trust agreement dated _____/_____/_____ has been revoked.
	<b>or</b>	<input type="checkbox"/> The undersigned trustee(s) hereby certifies/certify that the trust agreement dated _____/_____/_____ was last amended on _____/_____/_____.

If there are additional amendments, please provide all dates.

Was this trust created as a grantor trust for federal income tax purposes?  Yes  No

**3. Successor Trustee**

If acting as successor trustee(s), please also complete the following statement:  
 The undersigned successor trustee(s) hereby certifies/certify that the original trustee(s), \_\_\_\_\_ is/are no longer serving as trustee(s).

**4. Trustee Signature**

I / We certify that the right to serve as trustee(s) has not been revoked or renounced. The following signatory(s) has/have been appointed as trustee(s) and is/are the only acting trustee(s) for the aforementioned trust agreement

Trustee Name <i>(please print)</i>	Trustee Signature X	Date
Trustee Name <i>(please print)</i>	Trustee Signature X	Date
Trustee Name <i>(please print)</i>	Trustee Signature X	Date
Trustee Name <i>(please print)</i>	Trustee Signature X	Date

If the trust has more than one trustee or successor trustee, please have all sign in the space provided above.

## Request for Taxpayer Identification Number and Certification

**Give Form to the  
requester. Do not  
send to the IRS.**

<b>Print or type See Specific Instructions on page 2.</b>	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.		
	2 Business name/disregarded entity name, if different from above		
	3 Check appropriate box for federal tax classification; check only <b>one</b> of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ► _____ <b>Note.</b> For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ►		4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____  Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.)	Requester's name and address (optional)	
	6 City, state, and ZIP code		
	7 List account number(s) here (optional)		

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number			
_ _	-	_ _	_ _ _ _

**or**

Employer identification number								
_ _	-	_ _ _ _	_ _ _ _ _					

**Note.** If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

<b>Sign Here</b>	Signature of U.S. person ►	Date ►
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### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

#### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
  - Form 1099-C (canceled debt)
  - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.*

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

## Important Information About Proceeds Left on Deposit

The original life insurance contract may have specified that certain settlement alternatives are available for distributing the proceeds to the beneficiaries. Please refer to the original policy for a description of any alternatives. If the policy makes no mention of these, the death benefit proceeds will be distributed in a lump sum check.

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This settlement alternative allows you to leave your settlement proceeds with the company to earn interest. The interest can be paid to you monthly, quarterly, semi-annually, or annually, or you can choose to leave the interest on deposit with us.

This alternative may contain a Guaranteed Minimum Interest Rate (GMIR), which is set when the Settlement Alternatives are issued. If the company's declared interest rate, which is set every December, is higher than the GMIR, the higher rate will be applied to the amount on deposit. The insurer may derive income, in addition to any fees charged on the account, from the total gains received on the investment of the balance of funds.

Interest earned on proceeds left on deposit may be taxable. The beneficiary receives a Form 1099-INT annually reporting the amount of taxable interest. This form contains the amount of interest credited that year and reported to the IRS. For deferred annuities, selection of this settlement alternative may create taxable gain for the beneficiary. The beneficiary will receive a Form 1099-R reporting the amount of any taxable gain. Please consult your tax, investment, or other financial advisor regarding tax liability and investment options.

Proceeds or interest left on deposit can be withdrawn in the following manner: The beneficiary must contact the Service Center to request a withdrawal form, which must be filled out and submitted to the below address.

New York Life  
Dallas Service Center  
PO Box 130539  
Dallas, TX 75313-0539  
1-800-695-9873  
[www.newyorklife.com](http://www.newyorklife.com)

The Service Center will process the request and mail a check in the requested amount to the beneficiary. If you leave the interest with us, the interest earned can be withdrawn at any time in sums of \$100 or more. The principal can be withdrawn at any time, and when any partial disbursements are made, accumulated interest is paid out first. The minimum withdrawal amount is \$100. The entire proceeds are available to be withdrawn at any time. There are no withdrawal penalties if the payee chooses to terminate this settlement alternative. Other available settlement alternatives, if applicable, are preserved until the entire balance is withdrawn or until the balance drops below \$2,000.

Proceeds or interest held in this settlement alternative will remain with the New York Life insurance company that issued the policy. They will not be held in a bank. The funds will be guaranteed by the financial strength of the insurer for as long as any proceeds or interest remain. These funds are not guaranteed by the Federal Deposit Insurance Corporation (FDIC).

If you choose this settlement alternative, please keep us informed if you change your mailing address or wish to withdraw all of your funds. Returned mail or account inactivity may require us under state law to treat your account as unclaimed property and eventually release the funds to the appropriate state. Please be assured that we will try to locate you before releasing such funds. However, the best way to maintain control of your funds is to promptly notify us of any address change or of your intention to completely withdraw your funds.

The insurer will comply with any valid governmental or regulating authority's order with respect to the funds, including, but not limited to, court orders, liens, tax levies or garnishments.

**FOR FURTHER INFORMATION, PLEASE CONTACT YOUR STATE DEPARTMENT OF INSURANCE.**

## State Variations of Fraud Warnings

Kindly refer to the applicable fraud warnings for your state of residence.

**Arizona** For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

**California** For your protection California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**Colorado** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the department of regulatory agencies.

**District of Columbia** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Florida** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**Maryland** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**New Jersey** Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

**New York** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent

insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**Oregon** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto may be subject to prosecution for insurance fraud. Any person who provides mis-information material to the content of the contract, which is relied upon by the insurer, and which is either material to the risk assumed by the insurer or provided fraudulently, may be subject to the denial of insurance benefits.

**Pennsylvania** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**Puerto Rico** Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

**Other States** Any person who knowingly and with the intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. Penalties may include imprisonment, fines, or a denial of insurance benefits if a person provides false information.



**New York Life Insurance Company**

New York Life Insurance and Annuity Corporation  
(A Delaware Corporation)

NYLIFE Insurance Company of Arizona (not licensed in every state)  
[www.newyorklife.com](http://www.newyorklife.com)

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