



NEW YORK LIFE INSURANCE AND ANNUITY CORPORATION

(A Delaware Corporation)

Annuities

Check-O-Matic Arrangement Form

Check-O-Matic Premium \$ _____ Name of Annuitant _____

Please Print

Policy # (if known) _____

I ask that New York Life Insurance and Annuity Corporation (NYLIAC) start a Check-O-Matic arrangement to pay planned additional premiums for this policy. I have read and agree to the following terms, and acknowledge that they are not a part of any policy.

1. NYLIAC will draw monthly checks or other instruments to its own order, or will direct the transfer of funds, to pay planned additional premiums from the account I have designated below.
2. NYLIAC may stop the arrangement by written notice to the Policyowner or Depositor. The arrangement ends on the day NYLIAC mails the notice.
3. The Policyowner or Depositor may stop the arrangement by notifying NYLIAC. The arrangement ends on the day NYLIAC receives the notice.

Indicate Check-O-Matic Start Date (cannot be scheduled for the 29th, 30th, or 31st of month) _____ / _____
Month Day

Type of Account: ☐ Checking Account ☐ Savings Account ☐ Other

If it is a checking account, attach a "VOID" check to this form.

A 3rd party payor is someone other than the designated policyowner. If payment is coming from a 3rd party, you must complete the **3rd Party Payor Information** section on page 2 of this form. All data is required.

Name of Financial Institution and Branch Name (if any) _____

Address _____

Routing Number _____

DEPOSITOR(S) SIGNATURE as shown on Financial Organization's records or other Authorized Signature. If this is a Corporate account, we will need an Officer's signature and title.

_____	X _____	_____
Name of Depositor (Print)	Signature of Depositor	Date

_____	X _____	_____
Name of Depositor (Print)	Signature of Depositor	Date

Title of Officer, if applicable _____

POLICYOWNER'S SIGNATURE If the Policyowner is not the depositor, the Policyowner MUST sign below.

_____	X _____	_____
Name of Policyowner (Print)	Signature of Policyowner	Date

DEPOSITOR'S AUTHORIZATION TO FINANCIAL ORGANIZATION:

Financial Organization

Account Number _____ Name of Depositor(s) _____
Please Print

Name of Depositor(s) _____
Please Print

Type of Account: ☐ Checking Account ☐ Savings Account ☐ Other _____

Name of Financial Institution _____

and Branch Name (if any) _____

Address _____



Annuities

New York Life Insurance and Annuity Corporation
51 Madison Ave., New York, NY 10010

I authorize you to pay and charge to my account any checks or instruments, or any fund transfers, drawn or directed by the New York Life Insurance and Annuity Corporation to its own order. Until you receive my cancellation of this authorization, you are fully protected when you honor this request.

Your treatment of, and your rights regarding those orders, shall be the same as if I signed or initiated them. If any of those orders are not honored, for cause or not, you shall have no liability. Signature of Depositor(s) should appear as shown on Financial Organization's records. If this is a Corporate account, we will need an Officer's signature and title.

_____ X _____ X _____
Date Signature of Depositor(s) Signature of Depositor(s)

Title of Officer, if applicable _____

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51 Madison Avenue, New York, NY 10010
18492 (05/2009)

3rd PARTY PAYOR INFORMATION:

A 3rd party payor is someone other than the designated policyowner. If payment is coming from a 3rd party, the payor will need to complete the information below. If this information is not provided, your request for the Check-O-Matic premium payment option cannot be processed.

Name: _____
First Name Middle Initial Last Name

Address (Street, City, State, and Zip Code REQUIRED. **P.O. Box not acceptable**): _____
Street

_____ City State Zip Code

Social Security Number
OR Taxpayer Identification Number (TIN): _____ Date of Birth: _____

Check here if TIN pending at time of application ☐ If yes, date applied for: _____

Check here if exempt from TIN ☐ If exempt, what is the reason: _____

Relationship to Primary Annuitant: _____

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