



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

CHECK-O-MATIC (C-O-M) REQUEST FORM

SEE INSTRUCTIONS BELOW AND KEEP A COPY OF ENTIRE FORM FOR YOUR RECORDS:

- 1) Complete this form when:
 - a) you are authorizing the establishment of a new C-O-M arrangement and/or One Time Electronic Funds Transfer (EFT) initial payment, adding a policy to a multiple arrangement or creating a new multiple arrangement, or
 - b) you are authorizing the establishment of, or changing the amount of, an OPP (Option to Purchase Paid-Up Additions) C-O-M arrangement, or
 - c) you are changing from a savings account to a checking account, or from a checking account to a savings account, or
 - d) you are changing financial organizations, branches or accounts.
 - e) you are authorizing New York Life to make an One Time Electronic Funds (EFT) refund to the named accounts,
- 2) **C-O-M – Premium payments will be drawn in one of the following ways:**
 - **Single Policy Draft** - One premium draft per policy, drawn on the premium due date.
 - **Multiple Policy Draft*** - One premium draft, for two or more policies, issued by the same company (New York Life Insurance Company or New York Life Insurance and Annuity Corporation or NYLIFE Insurance Company of Arizona) drawn on the 15th of the month. If at least two policies are not issued by the same company, then the Single Policy Draft option must be used.

***The Multiple Policy draft is not available for Employee Adjustable Life, Seven Year Term, Annuities, or Variable Products.**
- 3) Select the single or multiple draft column on page 2 as applicable, based on the instructions above.
- 4) **OPP – (Minimum \$10); drawn on the due date of each policy.**
C-O-M OPP Payments are not available on a Multiple Policy draft.
- 5) If you, as the policyowner or depositor (if the policyowner is not the depositor), wish to **terminate or change** the Check-O-Matic arrangement, you must notify us **at least 10 days prior** to your withdrawal date.
- 6) Complete all applicable information in the space provided on page 2. **Always print** the name of the (Proposed) Insured/Annuitant and the policy number. If other policies exist on this arrangement, *agents please provide the case reference number or policy number(s).*
- 7) **The 3rd party payor information section must be completed if the Depositor on the account being used is not the Policyowner.** All data is required, including the social security number or tax identification number of the 3rd party payor.
- 8) **Signature Requirements:** The Depositor(s) signature(s) as shown on the Financial Organization’s records needs to be completed on page 3. If the Policyowner is not the Depositor, the Policyowner **MUST** also sign this form. If the following are Depositors or Policyowners, please be aware of the required signatures needed in each situation.
 - a) Corporation as Depositor and/or Owner: This request must be signed on behalf of the corporation by two Corporate Officers (President, Vice President, Secretary or Treasurer), with their titles.
 - b) Partnership as Depositor and/or Owner: This request must be signed by two partners, with their titles as partner, other than the Insured. In the case of a limited partnership, we will require only the signature of a general partner, with the title of general partner.
 - c) Multiple Policyowners: This request must be signed by all policyowners.
 - d) Trust as Depositor and/or Owner: This request must be signed by all trustees under the trust.
 - e) Sole Proprietor: This request must be signed by the sole proprietor. Please check the box on page 3.

RETURN FORM TO:

| | |
|---|---|
| For Variable Life and Variable Annuity policies: | New York Life, Variable Products Service Center Madison Square Station, PO Box 922, New York, NY 10159 |
| For all other policies: | |
| If You Live In: AL, CT, DC, DE, FL, GA, IL, IN, KY, MA, ME, MD, MI, MS, NC, NH, NJ, NY, OH, PA, RI, SC, TN, VA, VT, WI, or WV, return this form to: | New York Life, Cleveland Service Center PO Box 6916, Cleveland, OH 44101 |
| If You Live In: AK, AR, AZ, CA, CO, HI, IA, ID, KS, LA, MN, MO, MT, NE, ND, NM, NV, OK, OR, SD, TX, UT, WA, or WY, return this form to: | New York Life, Dallas Service Center PO Box 130539, Dallas, TX 75313-0539 |
| Other: (i.e. foreign address, etc) return form to either location above. | |



THIS PAGE IS INTENTIONALLY LEFT BLANK

Check-O-Matic Set up Information

| Name of Insured/Annuitant | Policy Number(s) | Single Draft | Multiple Draft | C-O-M Premium | C-O-M OPP Premium | If Adding To An Inforce C-O-M, Give Case Ref # or Pol #(s) |
|---------------------------|------------------|--------------|----------------|---------------|-------------------|--|
| | | | | | | |
| | | | | | | |
| | | | | | | |

If more space is needed for additional policies, please enter the information on a separate piece of paper and attach it to this form. All of the information requested above must be supplied on the separate attachment for the additional policies.

Electronic Funds Transfer (EFT)

Check here if this information is for the initial premium payment. This initial payment will be processed on or after the date the form is signed.

Bank Account Information (Required for COM Set up and/or EFT)

To have your payment(s) withdrawn directly from your bank account, via Monthly Check-O-Matic and/or a one time Electronic Funds Transfer (EFT), please provide the following information or attach a VOID check/deposit slip with the following information.

IMPORTANT: Please print all information clearly.

Bank Account Type: Checking Savings

Name of Financial Institution _____

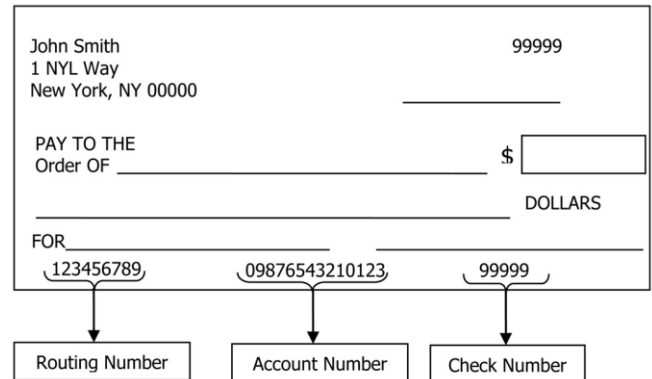
City/State of Branch _____

Name on Bank Account _____

Address on Bank Account _____

Bank Routing Number (All Bank Routing numbers must have nine numeric characters) _____

Bank Account Number _____



3rd PARTY PAYOR INFORMATION:

If the Accountholder's Name(s) above is anyone other than the designated Policyowner of the policy, the information below must be completed. **If this information is not provided, your request for the Check-O-Matic premium payment option cannot be processed.**

Social Security Number/Tax ID Number: _____ Date of Birth (if a Natural Person): _____

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

Relationship to Policyowner: _____

POLICYOWNER INFORMATION:

Phone Number: **Home** (_____) _____ **Business/Cell** (_____) _____

HAS YOUR ADDRESS CHANGED? Please provide your new address here.

New Address (Street, City, State, and Zip Code): _____



TERMS FOR CHECK-O-MATIC ARRANGEMENTS

1. New York Life Insurance Company and/or New York Life Insurance and Annuity Corporation and/or NYLIFE Insurance Company of Arizona, each will, as applicable, direct the transfer of funds from the account you have designated. Each company will withdraw premiums separately. This transfer will be used to pay premiums on the policy(s) and/or monthly Option to Purchase Paid-up Additions (OPP) premiums as indicated. This will be done each month under a regular schedule established by us. We will not send premium notices while this arrangement(s) is in effect.
2. The arrangement(s) does not change the premium due dates specified in the policy and it does not extend any of the grace or late periods for paying these premiums. The policy(s) will lapse at the end of the grace or late period if the premium remains unpaid.
3. This arrangement will automatically terminate when the policy lapses, matures or otherwise terminates. Please note that after two consecutive returns, your C-O-M arrangement may be automatically terminated.
4. For life products issued by New York Life Insurance Company or NYLIFE Insurance Company of Arizona, the total amount of your annual premium will be greater using C-O-M than if you paid your premium once each year.
5. Any policy included in an arrangement(s) is subject to our minimum and maximum premium and OPP premium rules.
6. For in-force policies the arrangement(s) will apply to the specified policies and will cover all future premiums and any current premiums that have not yet been paid.
7. If you have policies under C-O-M that are issued by more than one company (New York Life Insurance Company and/or New York Life Insurance and Annuity Corporation and/or NYLIFE Insurance Company of Arizona), you will see separate debits on your banking statement each month.
8. If C-O-M premium payments are being paid by a 3rd party payor for non-variable policies, a confirmation letter will be mailed to the 3rd party payor. Any other correspondence sent by New York Life regarding a C-O-M arrangement for both variable and non-variable policies will be mailed to the policyowner of record, and, generally, not to the 3rd party payor. It is the policyowner's responsibility to advise the 3rd party payor of any changes made to the arrangement. However, a 3rd party payor may receive correspondence if the policyowner, under a separate notification, has requested that we establish the 3rd party payor as a courtesy copy recipient in our records.

DEPOSITOR(S) AUTHORIZATION:

I understand that I may discontinue this payment arrangement by notifying the Insurer. The Owner of each policy may discontinue it for his or her own policy. The arrangement ends on the day the Insurer receives the notice. By initialing below I/We authorize New York Life Insurance Company or one of its subsidiaries (collectively, "New York Life") to make monthly Check-O-Matic withdrawals and/or a One Time EFT withdrawal from the account named above. I/We also authorize New York Life to make One Time EFT Refunds to the named account. I/We also authorize the Financial Institution named above to debit and/or credit my/our account accordingly:

DEPOSITOR(S) SIGNATURE(S) as shown on Financial Organization's records or other Authorized Signature. If this is a corporate account, we require the signature and title of two corporate officers.

Please check this box if the Depositor or Policyowner is a sole proprietor.

| | | | | |
|---------------------------|----------|---------------------|---------------------------------|------|
| | X | | | |
| Name of Depositor (Print) | | Depositor Signature | Title of Officer, if applicable | Date |

| | | | | |
|---------------------------|----------|---------------------|---------------------------------|------|
| | X | | | |
| Name of Depositor (Print) | | Depositor Signature | Title of Officer, if applicable | Date |

POLICYOWNER(S) SIGNATURE(S): If the Policyowner is not the depositor, the Policyowner **MUST** sign below.

| | | | | |
|-----------------------------|----------|-----------------------|---------------------------------|------|
| | X | | | |
| Name of Policyowner (Print) | | Policyowner Signature | Title of Officer, if applicable | Date |

| | | | | |
|-----------------------------|----------|-----------------------|---------------------------------|------|
| | X | | | |
| Name of Policyowner (Print) | | Policyowner Signature | Title of Officer, if applicable | Date |

