



- NEW YORK LIFE INSURANCE COMPANY (NYLIC)
- NEW YORK LIFE INSURANCE AND ANNUITY CORPORATION (A Delaware Corporation) (NYLIAC)
- NYLIFE INSURANCE COMPANY OF ARIZONA (Not licensed in every state) (NYLAZ)

SERVICE FORM - CHANGE REQUESTS

(Please print or type)

TO - SERVICE CENTER: _____ **POLICY NO.:** _____

INSURED/ANNUITANT: _____
 First Name _____ Middle Name _____ Last Name _____

OWNER'S PHONE NUMBER:
 Home: () _____ Best time to call _____ AM/PM
 Business: () _____ Best time to call _____ AM/PM

AGENT/REGISTERED REPRESENTATIVE: _____ **G.O. NAME OR CODE:** _____

Please use Service Form – Agent Assignment (21134GO) to assign a permanent servicing agent.

1. ADDRESS CHANGES:

Instructions:

- If this address change is for the Owner, we will make the change on our records for all policies with the same prior address unless you tell us otherwise.
- If this address change is not for the Owner, please indicate any additional policy number(s) that this change applies to (use Section 6, if needed).

Change is for:

- Insured or Annuitant Date of Birth _____ / _____ / _____
- Owner Assignee Premium Payer Other _____

 First Name _____ Middle Name _____ Last Name _____

FROM: _____
 Street (include apartment number) _____

 City or Town _____ State (Province) _____ Zip or Postal Code _____

TO: _____
 Street (include apartment number) _____

 City or Town _____ State (Province) _____ Zip or Postal Code _____

SIGNATURES REQUIRED FOR CORPORATE/TRUST OWNED POLICIES – SEE SECTION 7

2. REQUEST FOR REPLACEMENT OF LOST POLICY:

Instructions: Use this section to request a certificate outlining the policy provisions or to obtain a replacement copy of your policy.

- CHECK ONE: Provide a certificate Provide a policy
- If a duplicate policy is wanted please check one of the following boxes: Lost Stolen Destroyed
- Is there an assignment currently in effect? Yes No
- If the request involves a Term Conversion, please check here: Yes

Upon receipt of this request, we will issue a duplicate policy that will replace any and all policies bearing the same policy number.

OWNER SIGNATURE REQUIRED – SEE SECTION 7

3. AUTOMATIC PREMIUM LOAN:

- Add Automatic Premium Loan Delete Automatic Premium Loan
- Add Default Premium Payment Option Delete Default Premium Payment Option

OWNER SIGNATURE REQUIRED – SEE SECTION 7

*Any policy loan will accrue interest daily. Interest is compounded once a year on the policy anniversary. Policy loan interest is due on the dates specified in your policy. Policy loan interest not paid when due will become part of the policy loan and will also accrue interest.

**NYLIAC Variable Life, New York Life Variable Annuity and New York Life Annuities are distributed by
 NYLIFE Distributors LLC, member FINRA/SIPC, 51 Madison Avenue, New York, NY 10010**

SERVICE FORM - CHANGE REQUESTS *(continued)*

4. CHANGE DIVIDEND OPTION (NYLIC):

The dividend option change will become effective on the current policy anniversary date, if this request is received by the Company at least 31 days prior to the current policy anniversary date. Any requests received by the Company after this period will take effect on the next policy anniversary. Please check one box for Section A and one for Section B.

- Note:
- If your policy contains the Dividend Option Term rider, the dividend option must be "Provide Paid-up Additions".
 - * "Provide Whole Life Additions" is only available for policies issued between April 7, 1975 and February 1, 1988.
 - **If you have selected the option "Pay policy loan interest then loan" in A, you may not select the option "Retain the One Year Term rider" in B. You must choose the option "Cancel the One Year Term Rider."

- A. (Check only one) Leave on deposit with the insurer to accumulate at interest. Pay in cash.
 Apply to pay premium and any loan interest due; pay balance in cash. Provide Paid-up Additions.
 Apply toward payment of premium only; pay balance in cash. Provide Whole Life Additions.*
 Pay policy loan interest then loan; remainder to purchase Paid-up Additions. (see Note above regarding availability)
- B. (Check only one) This policy does not include a One Year Term rider. Apply all dividends payable as elected in A.
 Retain the One Year Term rider; but change the option for the balance of dividends payable as elected in A.** (see Note above regarding availability)
 Cancel the One Year Term rider, and apply dividends payable as elected in A.

I understand that any insurance provided by an Expanded Protection Benefit rider will terminate on the date immediately preceding the policy anniversary when the new dividend option takes effect. The dividend option is annual on the anniversary of the policy. The request also authorizes a change of mode, if necessary.

OWNER SIGNATURE REQUIRED – SEE SECTION 7

5. NAME CHANGE:

Instructions:

- A copy of the marriage certificate, divorce decree, or court document is required to change a name.
- This section can only be used to change the name of a person who is already the owner, beneficiary, successor owner, owner's designee or assignee. If a different person is named as owner, beneficiary, successor owner, owner's designee or assignee, use form(s) 21131 and/or 21132.

Change is for:

- Insured or Annuitant Date of Birth _____ / ____ / ____ Beneficiary Individual covered under a Rider
 Owner Assignee Successor Owner (Owner's Designee)

FROM: _____ TO: _____
First Name Middle Name Last Name First Name Middle Name Last Name

REASON: _____
(Marriage, Court Decree, wishes to be known by this name, etc.)

- NOTE: (1) If this name change is for the Insured, who is also the Owner, both the Insured and the Owner's boxes must be checked and the Date of Birth and SS#/ Tax ID must be completed.
(2) If this name change is for an Owner, we will change the name on our records for all policies under that Owner's name. If this name change is for an Insured/Annuitant, we will change the name on our records for all policies on the life of that Insured/Annuitant.
(3) If this name change is for a third party (e.g., power of attorney, trustee, guardian/conservator) please indicate any other policy numbers that this name change applies to (use Section 6, if needed).

Additional documentation is needed in the following situations:

- (a) If a corporation changes its name, it is necessary to submit evidence of the change, usually a certificate from the Secretary of State in the state where the corporation was founded or incorporated.
- (b) Where the policy owner is a person acting as guardian, conservator or in a similar capacity, evidence of that appointment must accompany this form.
- (c) If the indicated policy is corporate owned then two Officer's Signatures must be provided as well as their respective Titles below.

ADDITIONAL SIGNATURE(S) REQUIRED – SEE SECTION 7

6. ADDITIONAL DETAILS and/or REQUESTS FOR POLICY CHANGES:

Instructions:

This section is to be used for additional details or a Contract Change where no evidence of insurability is necessary. For example, removal of benefits and riders, death benefit option change, or reduction in face amount change. For Income Tax Withholding information, please see Form 21135WD or 21135PL.

ADDITIONAL SIGNATURE(S) REQUIRED – SEE SECTION 7

7. Policy Owner Signature (Required)

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 back 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 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

Policy Owner's Social Security Number/ Tax ID _____

X

| Policy Owner Signature (Required) | Name (Printed) | Date |
|-----------------------------------|----------------|------|
|-----------------------------------|----------------|------|

X

| Policy Owner Signature (If Required) | Name (Printed) | Date |
|--------------------------------------|----------------|------|
|--------------------------------------|----------------|------|