
4. PROVIDE YOUR AUTHORIZATION TO TRANSFER FUNDS

I am the Owner of the above account/contract, and I request that you liquidate and directly transfer the amount specified to New York Life Insurance and Annuity Corporation (NYLIAC). Please do not withhold any amount for taxes from the proceeds. It is my intention that this redemption be treated as a non-taxable transfer. If I am 70½ or older, I certify that I have taken any necessary Required Minimum Distributions prior to the transfer of these funds. **I understand that there may be a surrender charge and/or early withdrawal fee on the account I am liquidating.**

I request that my name not appear as a joint payee on the check, nor shall any endorsement be necessary for the transfer or deposit.

Please make check payable to:
NYLIAC, for the benefit of (Owner's Name)

Please mail check directly to:
AARP Lifetime Income Program
P.O. Box 30774
Tampa, FL 33630-3774

Owner Signature

Date

SIGNATURE GUARANTEE

If you are liquidating mutual funds, your current financial institution may require a signature guarantee, which you can secure from a local bank.

Bank Stamp and Signature

Date

5. NEW YORK LIFE INSURANCE AND ANNUITY CORPORATION ACCEPTANCE OF TRANSFER

As the issuer of an Individual Retirement Annuity, as defined by the Internal Revenue Code, NYLIAC agrees to accept the funds. When we receive the funds, we will issue a Certificate to the applicant, provided all issuance rules are met. If not, we will return the funds to the current financial institution.



Michael Horan – Corporate Vice President
Authorized NYLIAC Officer

Date

Your immediate action is appreciated. If you have questions regarding this funds transfer, please call 1-800-595-1126. Thank you.