



AutoPay Enrollment Form

» Use this form to have your premium payments automatically withdrawn from your checking account. No more checks to write or stamps to buy, and you could save up to \$12 a year off your premiums just for switching. Simply return this form by mail along with a blank check marked VOID. Or to sign up online, go to nylaarp.com/service.

Contract Information

IMPORTANT: All required fields must be correctly completed in order for this request to be processed.

▶ _____

Owner name (required)	Contract Number (required)	Insured name
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▶ _____

Owner Address (required)	City	State	Zip Code
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▶ _____

Owner Date of Birth (required)	Owner SSN - last four digits (required)	Owner Phone Number
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▶ _____

Checking Account Holder Name **(required)**

Payor Change Information

Only complete if the checking account holder is not currently the payor or owner of the contract.

Important: The checking account holder is required to be listed as either the Owner or Payor on the life insurance Contract in order to enroll in AutoPay. If you need to change the Payor to the checking account holder so you can continue signing up, complete this section. Already the Owner or Payor? Skip to the Read and Sign section below.

New Payor Name Phone Number

New Payor Address City State Zip Code

I hereby designate the person named above as the Payor of this life insurance Contract. This change is to become effective on the premium due date following the recording of this request by New York Life. I acknowledge all premium notices will be sent to the Payor. If the premiums become past due, I understand a lapse notice will be sent to both the Payor and the Owner.

Read & Sign for Checking Account Holder

Note: If the current payment frequency is monthly or quarterly, it will remain the same. If it is currently semi-annually or annually, it will default to monthly.

▶ _____
Owner Signature **(required)** Date

I am an authorized signer on this bank account. I authorize New York Life Insurance Company to withdraw payments using the checking account information enclosed and I authorize my financial institution to debit such payments from this account.

I understand that payment(s) will normally be debited on the Premium Due Date or the following business day and that any PAST DUE payment(s) will be debited 9 to 14 days after AutoPay is established.

I also understand that in order to revoke this authorization, I must call (800) 695-5164 or send a signed and dated request to New York Life at the address above. This request must be received at least 10 business days prior to the scheduled debit date.

▶ _____
Checking Account Holder Signature **(required)** Date



