

SERFF Tracking Number: NYLA-126047504 State: Arkansas
Filing Company: New York Life Insurance and Annuity Corporation State Tracking Number: 41804
Company Tracking Number: 207-199
TOI: A02I Individual Annuities- Deferred Non- Variable Sub-TOI: A02I.003 Single Premium
Product Name: Fixed Products Initial Interest Rate Guarantee Period changes
Project Name/Number: Fixed Products Initial Interest Rate Guarantee Period changes/207-199

Filing at a Glance

Company: New York Life Insurance and Annuity Corporation

Product Name: Fixed Products Initial Interest Rate Guarantee Period changes SERFF Tr Num: NYLA-126047504 State: Arkansas

TOI: A02I Individual Annuities- Deferred Non- Variable SERFF Status: Closed-Accepted For Informational Purposes State Tr Num: 41804

Sub-TOI: A02I.003 Single Premium

Co Tr Num: 207-199

State Status: Filed-Closed

Filing Type: Form

Author: Rina Zornetsky

Reviewer(s): Linda Bird

Date Submitted: 03/11/2009

Disposition Date: 03/17/2009

Disposition Status: Accepted For Informational Purposes

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Fixed Products Initial Interest Rate Guarantee Period changes

Status of Filing in Domicile: Pending

Project Number: 207-199

Date Approved in Domicile:

Requested Filing Mode: Informational

Domicile Status Comments: This filing is pending in the state of Delaware, as of February 20, 2009. Delaware is our state of domicile.

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 03/17/2009

Explanation for Other Group Market Type:

State Status Changed: 03/17/2009

Deemer Date:

Created By: Rina Zornetsky

Submitted By: Rina Zornetsky

Corresponding Filing Tracking Number: 207-199

SERFF Tracking Number: NYLA-126047504 State: Arkansas
 Filing Company: New York Life Insurance and Annuity Corporation State Tracking Number: 41804
 Company Tracking Number: 207-199
 TOI: A02I Individual Annuities- Deferred Non-Variable Sub-TOI: A02I.003 Single Premium
 Product Name: Fixed Products Initial Interest Rate Guarantee Period changes
 Project Name/Number: Fixed Products Initial Interest Rate Guarantee Period changes/207-199

Filing Description:
 This informational filing is for changes being made to the initial interest rate guarantee periods on fixed deferred products. Additional details are outlined in the cover letter.

Company and Contact

Filing Contact Information

Rina Zornetsky, Contract Consultant rina_zornetsky@newyorklife.com
 1 Rockwood Road 914-846-5813 [Phone]
 3N848
 Sleepy Hollow, NY 10591

Filing Company Information

New York Life Insurance and Annuity Corporation CoCode: 91596 State of Domicile: Delaware
 1 Rockwood Road Group Code: 826 Company Type:
 3N738 Group Name: State ID Number:
 Sleepy Hollow, NY 10591 FEIN Number: 13-3044743
 (914) 846-3508 ext. [Phone]

Filing Fees

Fee Required? No
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
New York Life Insurance and Annuity Corporation	\$0.00	03/11/2009	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Linda Bird Informational Purposes		03/17/2009	03/17/2009

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
State Tracking No. 41804	Note To Reviewer	Rina Zornetsky	03/16/2009	03/16/2009

SERFF Tracking Number: NYLA-126047504 *State:* Arkansas
Filing Company: New York Life Insurance and Annuity *State Tracking Number:* 41804
Corporation
Company Tracking Number: 207-199
TOI: A02I Individual Annuities- Deferred Non- *Sub-TOI:* A02I.003 Single Premium
Variable
Product Name: Fixed Products Initial Interest Rate Guarantee Period changes
Project Name/Number: Fixed Products Initial Interest Rate Guarantee Period changes/207-199

Disposition

Disposition Date: 03/17/2009

Implementation Date:

Status: Accepted For Informational Purposes

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: NYLA-126047504 State: Arkansas
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 Product Name: Fixed Products Initial Interest Rate Guarantee Period changes
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		No
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Statements of Variability for all forms submitted on an informational basis.		Yes
Supporting Document	Cover Letter		Yes
Supporting Document	Compliance		Yes

SERFF Tracking Number: NYLA-126047504 State: Arkansas
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Company Tracking Number: 207-199
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Product Name: Fixed Products Initial Interest Rate Guarantee Period changes
Project Name/Number: Fixed Products Initial Interest Rate Guarantee Period changes/207-199

Note To Reviewer

Created By:

Rina Zornetsky on 03/16/2009 12:38 PM

Last Edited By:

Linda Bird

Submitted On:

03/17/2009 02:20 PM

Subject:

State Tracking No. 41804

Comments:

RE: Informational Filing of Applications and Data Pages for Fixed Deferred Contracts

Dear Ashley Roberts:

As indicated in our submittal letter, this is a filing of the above forms on an informational basis only. It is our understanding that no fees are required for this filing and we have bypassed the filing fees tab in the SERFF file.

Thank you,

Rina Zornetsky

(914) 846-5813

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Supporting Document Schedules

	Item Status:	Status Date:
Bypassed - Item: Flesch Certification		
Bypass Reason: This is an informational filing		
Comments:		

	Item Status:	Status Date:
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Satisfied - Item: Application

Comments:

2 Application/Data pages, 5 Applications and 3 policy Data pages are attached as part of this informatkional filing.

Attachments:

- Application-Data Page 204-186.50(06-2008).pdf
- Application-Data Page 205-191.50.pdf
- Application-205-592.pdf
- Application-207-596.pdf
- Application-207-597.pdf
- Application-208-591.pdf
- Application-208-596.pdf
- Data Page 204-185.pdf
- Data Page 207-198.pdf
- Data Page 207-199.pdf

	Item Status:	Status Date:
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Satisfied - Item: Statements of Variability for all forms submitted on an informational basis.

Comments:

Attached are the statements of variability for the 2 application/data pages, the 5 applications, and the 3 policy data pages shown above. These statements are presented in the same order as their corresponding forms attached above.

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Attachments:

- SOV-204-186.50(06-2008).pdf
- SOV-205-191.50.pdf
- SOV-205-592.pdf
- SOV-207-596.pdf
- SOV-207-597.pdf
- SOV-208-591.pdf
- SOV-208-596.pdf
- SOV-204-185.pdf
- SOV-207-198.pdf
- SOV-207-199.pdf

Item Status: **Status Date:**

Satisfied - Item: Cover Letter

Comments:

Attached is our cover letter which explains the details of this informational filing and the use of the enclosed forms.

Attachment:

Cover Letter- AR.pdf

Item Status: **Status Date:**

Satisfied - Item: Compliance

Comments:

Attachment:

Cert-compliance-AR.pdf



**APPLICATION/POLICY DATA PAGE
[NEW YORK LIFE FIXED ANNUITY]
SINGLE PREMIUM RETIREMENT ANNUITY**

To New York Life Insurance and Annuity Corporation (NYLIAC) (A Delaware Corporation)

Home Office: [200 Continental Drive, Suite 306, Newark, DE 19713]

Executive Office: [51 Madison Avenue, New York, NY 10010]

Policy Number: 00 000 000

1. OWNER

Name (First, M.I., Last) John Doe	Date of Birth Month: 10 Day: 10 Year: 47	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	SS or Tax ID 123-45-6789
---------------------------------------------	------------------------------------------------------------------	--------------------------------------------------------------------------	------------------------------------

Residence Address-Street 100 Main Street	City Anytown	State YZ	Zip Code 11157
----------------------------------------------------	------------------------	--------------------	--------------------------

Tel. No. (day) (111) 222-3333	Tel. No. (evening) (111) 333-4444	Country of Citizenship <input checked="" type="checkbox"/> U.S. <input type="checkbox"/> Other	Relationship to Annuitant Same
-----------------------------------------	---------------------------------------------	---------------------------------------------------------------------------------------------------	------------------------------------------

Joint Owner Name (First, M.I., Last)	Date of Birth Month: Day: Year:	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	SS or Tax ID
--------------------------------------	------------------------------------	--------------------------------------------------------------------------	--------------

Residence Address-Street	City	State	Zip Code	Country of Citizenship <input type="checkbox"/> U.S. <input type="checkbox"/> Other	Relationship to Owner
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2. ANNUITANT If same as Owner, check here . If other than Owner, complete this section.

Name (First, M.I., Last)	Date of Birth Month: Day: Year:	Male <input type="checkbox"/> Female <input type="checkbox"/>	SS # or Tax ID #
--------------------------	------------------------------------	---------------------------------------------------------------	------------------

Residence Address-Street	City	State	Zip Code	Country of Citizenship <input type="checkbox"/> U.S. <input type="checkbox"/> Other
--------------------------	------	-------	----------	----------------------------------------------------------------------------------------

3. BENEFICIARY(IES) Complete Section 7 for additional Beneficiary information.

Surviving Spouse Under Joint Spousal Ownership (For Non-Qualified plan only)

This designation is available only if (i) spouses are Joint Owners and (ii) upon the death of either spouse, the surviving spouse wants the option to continue the policy as the sole Owner and, if applicable, the Annuitant.

Name Jane Doe	Relationship to Owner Spouse	Percentage 100%
-------------------------	----------------------------------------	---------------------------

4. PREMIUM AMOUNT (Attach check payable to NYLIAC, unless instructed otherwise.)

(Minimum payment: \$5,000) Single Premium [\$ <u>5,000</u>]	Initial Interest Rate Guarantee Period from the Policy Date <input checked="" type="checkbox"/> 1 Yr. <input type="checkbox"/> 3 Yrs <input type="checkbox"/> 6Yrs <input type="checkbox"/> Other []
-----------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

5. PLAN TYPE Check appropriate box. Non-Qualified IRA Roth IRA SEP IRA]

6. REPLACEMENT INFORMATION

Do you own any existing life insurance or annuity policies? Yes No Is this a replacement of a life insurance or annuity policy? Yes No

Note: If a replacement is involved, you cannot apply for this policy.

7. Are there additional details? If yes, complete this section and reference question number.

8. Signatures and Acknowledgments

I/We agree that: (1) All of the answers to questions and statements in this application are true to the best of the knowledge and belief of those who made and recorded them. (2) The Annuity Commencement Date will be the day I/We reach [age 90 or 10 years] from the Policy Date, whichever is later. (3) Under penalties of perjury, the Taxpayer Identification Numbers provided on this application are certified to be correct. (4) No Agent is authorized to accept risks, make or change this application or any policy issued by the Company, or give up any of the Owner's rights or requirements. (5) I/We understand that this annuity is not backed or guaranteed by any bank or insured by the FDIC.

Any person who knowingly and with the intent to defraud any insurance company or other persons, submits an application containing any materially false information, or conceals any fact material thereto, commits a fraudulent insurance act, which is a crime and is subject to criminal prosecution and civil penalties.

Signed at (City/State) Anytown YZ Date April 1, 2009

Owner ▶ John Doe Joint Owner ▶ _____

Annuitant (if not Owner) ▶ _____ Applicant (if not Owner) ▶ _____

Agent/Producer:

To the best of your knowledge, will the annuity applied for replace in whole or in part any life insurance or annuity policy? Yes No

Does the applicant own any existing life insurance or annuity policies? Yes No

Agent's Signature ▶ _____ Agent's Printed Name Joe Representative

Agent's Code# 122334 Agent's State/License# XY 999999 Agent's Tel. # (111) 333-4455

Agency ABC Agency Agency Code# ABC123 Tel. # (111) 456-1234



Annuities

APPLICATION/POLICY DATA PAGE
[NEW YORK LIFE PREFERRED FIXED ANNUITY]
DEFERRED FIXED ANNUITY

To New York Life Insurance and Annuity Corporation (NYLIAC) (A Delaware Corporation)

[51 Madison Avenue, New York, NY 10010]

Policy Number: 00 000 000

1. Who will be the Owner of this Policy?

Name (First, M.I., Last) John Doe, Date of Birth Month 10 Day 10 Year 49, Male Female [X] [], SS # or Tax ID # 123-45-6789, Residence Address-Street 100 Main Street, City Anytown, State AR, Zip Code 11157, Tel. No. (day) (111) 222-3333, Tel. No. (eve) (111) 333-4444, Citizenship [X] U.S. Other, Relationship to Annuitant Same, Joint Owner Name, Relationship to Owner, Date of Birth, Male Female [X] [], SS # or Tax ID #

2. Who will be the Annuitant? If same as Owner, check here [X]. If other than Owner, complete this section.

Name (First, M.I., Last), Date of Birth Month Day Year, Male Female [] [], SS # or Tax ID #, Residence Address-Street, City, State, Zip Code, Citizenship [] U.S. Other, Tel. No. ()

3. Who will be the Primary Beneficiary(ies) of this Policy? Note: Complete Question 7 to name a Contingent Beneficiary.

[] Surviving Spouse Under Joint Spousal Ownership (For Non-Qualified plan only) This designation is available only if (i) spouses are Joint Owners, (ii) one spouse is the Annuitant, and, (iii) upon the death of either spouse, the surviving spouse wants the option to continue the policy as the sole Owner and Annuitant. Name (Do not complete if "Surviving Spouse Under Joint Spousal Ownership" option is chosen) Jane Doe, Relationship to Owner Spouse, Percentage 100%, Name (Do not complete if "Surviving Spouse Under Joint Spousal Ownership" option is chosen), Relationship to Owner, Percentage

4. What is your Premium Amount? Attach check payable to NYLIAC, unless otherwise instructed.

(Minimum payment: \$5,000) Premium Amount \$ [5,000], Initial Interest Rate Guarantee Period from the Policy Date [X] 1 Yr. [] 3 Yrs. [] 7 Yrs. [] Other

5. What is the Plan type? Check appropriate box. [X] Non-Qualified [] IRA [] SEP IRA [] ROTH IRA

6. Do you have any existing Life Insurance or Annuity policies? [] Yes [X] No. Is this a replacement of a Life Insurance or Annuity Policy? [] Yes [X] No (Note: If a replacement is involved, you may not use this form to apply for this Policy.) (If you answered "Yes" to either question complete this section and submit required replacement forms.)

7. Are there additional details? If yes, complete this section and reference question number.

8. Signatures and Acknowledgments

I/We agree that: (1) All of the statements in this application are true to the best of the knowledge and belief of those who made and recorded them. (2) The Annuity Commencement Date will be at [age 90 or 10 years] from the Policy Date, whichever is later. (3) I/We understand that the annuity is not backed or guaranteed by any bank or insured by the FDIC.

Any person who knowingly and with the intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. For residents other than Pennsylvania, the following also applies: Penalties may include imprisonment, fines, or a denial of insurance benefits if a person provides false information.

Signed at (City/State) Anytown AR Date (Policy Date) January 1, 2009

Owner [X] John Doe Joint Owner []

Annuitant (if not Owner) [] Applicant (if not Owner) []

Agent/Producer:

To the best of your knowledge, will the annuity applied for replace, in whole or in part, any life insurance or annuity policy? [] Yes [X] No

Agent's Signature [] Agent's Printed Name Joe Representative

Agent's code# 122334 Agent's State/License# XY 999999 Agent's Tel. # (111) 333-4455

Agency ABC Agency Agency Code# ABC123 Tel. # (111) 456-1234



Annuities

APPLICATION FOR
[NEW YORK LIFE PREFERRED FIXED ANNUITY]
DEFERRED FIXED ANNUITY

ANNUITY COMMENCEMENT AT [AGE 90 OR 10 YEARS]

To New York Life Insurance and Annuity Corporation (NYLIAC) (A Delaware Corporation)

[51 Madison Avenue, New York, NY 10010]

Please print or type

1. Who will be the Owner of this Policy?

Name (First, M.I., Last) John Doe Date of Birth Month 10 Day 10 Year 1949 Male Female [X] [] Social Security No. or Tax ID No. 123-45-6789

Residence Address-Street 111 Main Street City Anytown State YZ Zip Code 11157

Tel. No. (day) (111) 222-3333 Tel. No. (evening) (111) 333-4444 Country of Citizenship [X] U.S. Other Relationship to Annuitant Same

Joint Owner Name, if any (First, M.I., Last) Date of Birth Month Day Year Male Female Social Security No. or Tax ID No.

Relationship to Owner

2. Who will be the Annuitant? If same as Owner, check here [X]. (If other than Owner, complete this section.)

Name (First, M.I., Last) Date of Birth Month Day Year Male Female Social Security No. or Tax ID No.

Residence Address-Street City State Zip Code

3. What is your Premium Amount? (Attach check payable to NYLIAC, unless instructed otherwise.)

Premium Amount [\$ 5,000] Initial Guaranteed Period: [X] 1 Year [] 3 Years [] 7 Years [] Other

4. Who will be the Primary Beneficiary(ies) of this Policy? Note: Complete Question 7 to name a Contingent Beneficiary.

[] Surviving Spouse Under Joint Spousal Ownership (For Non-Qualified plan only)

This designation is available only if (i) spouses are Joint Owners, (ii) one spouse is the Annuitant, and, (iii) upon the death of either spouse, the surviving spouse wants the option to continue the policy as the sole Owner and Annuitant.

Table with 3 columns: Name, Relationship to Owner, Percentage. Row 1: Mary Doe, Spouse, 100%. Row 2: (blank), (blank), (blank).

5. What is the Plan type? (Choose one plan and complete the appropriate section and, if applicable, transfer/exchange form.)

Table with 4 columns: Plan type (Non-Qualified, IRA, SEP IRA, Roth IRA, Inherited IRA, 403(b)(TSA)), Is this a 1035 Exchange?, What is the Cost Basis?, Current Year Contribution, Prior Year Contribution, Transfer Amount, Rollover Amount, Is this an ERISA Plan?.

[Note: If this is an IRA/Roth IRA/SEP transfer/rollover or 403(b) transfer, submit Qualified Transfer/Direct Rollover Form. If this is an Inherited IRA transfer, submit Inherited IRA Information/Transfer Form.]

6. Do you have any existing life insurance or annuity policies? [] Yes [X] No

Is this a replacement of a life insurance or annuity policy? [] Yes [X] No

(If you have answered "Yes" to either question, complete this section and submit required replacement forms.)

Table with 3 columns: Company Name, Policy Number(s), Estimated Policy Value(s).

7. Are there additional details?

8. Fraud and Disclosure Statements For the Following Jurisdictions:**Colorado Residents**

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

Oregon Residents

Willfully falsifying material facts on an application or claim may subject you to criminal penalties.

Residents of All Other States

Any person who knowingly and with the intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. For residents other than Pennsylvania, the following also applies: Penalties may include imprisonment, fines, or a denial of insurance benefits if a person provides false information.

Additional Disclosure for Arizona Residents

On written request, you will be provided within a reasonable time factual information regarding the benefits and provisions of your policy. Within 10 days after delivery, or within thirty (30) days after delivery if the Policy Owner is sixty-five (65) years of age or older, you can return your policy to the Corporation or to the Agent through whom it was purchased, with a written request for a full refund of premium. Upon receipt of this request, the policy will be void, and a full premium refund will be made.

9. Signatures

I/We agree that: (1) All of the statements in this application are true to the best of the knowledge and belief of those who made and recorded them. (2) This policy will not become effective unless it is delivered to the Owner while the Annuitant is living. (3) Unless otherwise indicated below, the Owner of this policy is the Applicant. (4) Under penalties of perjury, the Taxpayer Identification Numbers provided on this application are certified to be correct. (5) I/We understand that the annuity is not backed or guaranteed by any bank or insured by the FDIC.

Signed at _____	Anytown City	YZ State	1/01/09 Date
_____	_____	_____	_____
Applicant (Owner)	Annuitant (if other than Owner)	Joint Owner (if applicable)	
_____	Joe Representative Representative (print name)	(111) 334-5555 Representative's Tel. No.	_____
Agent's/ Representative's Signature			
XY/ 999999 Representative's State and License No.		122334 Representative's NYLIAC Code No.	
ABC Agency 123 Main Street Broker/Dealer Name and Address.	Anytown, YZ 11157	(111) 456-1234 Broker/Dealer Tel. No.	

Agent's/Representative's response required.

Is this a replacement of a life insurance or annuity policy? Yes No
If yes, please provide details. _____



Annuities

APPLICATION FOR
[NEW YORK LIFE ENHANCED FIXED ANNUITY]
DEFERRED FIXED ANNUITY

ANNUITY COMMENCEMENT AT [AGE 90 OR 10 YEARS]

To New York Life Insurance and Annuity Corporation (NYLIAC) (A Delaware Corporation)

Executive Office: [51 Madison Avenue, New York, NY 10010]

Home Office: [200 Continental Drive, Suite 306, Newark, DE 19713]

Please print or type

1. OWNER

Name (First, M.I., Last)
John Doe

Date of Birth
Month Day Year
01 01 1972

Male Female
[X] []

Social Security No. or Tax ID No.
111-11-1111

Residence Address-Street
Main Street

City
Anytown

State

Zip Code

Tel. No. (day) Tel. No. (evening)
(914) 846-0000 (914) 111-0000

Country of Citizenship
[X] U.S. Other

Relationship to Annuitant
Self

2. JOINT OWNER (if any)

Name (First, M.I., Last)

Date of Birth
Month Day Year

Male Female
[] []

Social Security No. or Tax ID No.

Residence Address-Street

City

State

Zip Code

Tel. No. (day) Tel. No. (evening)
() ()

Country of Citizenship
[] U.S. Other

Relationship to Owner

3. ANNUITANT

If same as Owner, check here [X]. Otherwise, complete this section.

Name (First, M.I., Last)

Date of Birth
Month Day Year

Male Female
[] []

Social Security No. or Tax ID No.

Residence Address-Street

City

State

Zip Code

4. PREMIUM AMOUNT (Attach check payable to NYLIAC, unless instructed otherwise.)

Single Premium [\$ 5,000]
(Indicate total estimated amount including cash with application and anticipated transfer/exchange amounts)

Initial Interest Rate Guarantee Period: (check one box)
[X] 1 Year [] 3 Years [] 6 Years [] Other []

Surrender Charge Period: (check one box)
[X] 6 Years [] 8 Years

During the initial Interest Rate Guarantee Period, a higher interest rate will be credited to policies issued with an 8-Year Surrender Charge period.

5. PRIMARY BENEFICIARY(IES) Note: Complete Section 8 to name a Contingent Beneficiary.

[] Surviving Spouse Under Joint Spousal Ownership (For Non-Qualified plan only)

This designation is available only if (i) spouses are Joint Owners, (ii) one spouse is the Annuitant, and, (iii) upon the death of either spouse, the surviving spouse wants the option to continue the policy as the sole Owner and Annuitant.

Name (Do not complete if "Surviving Spouse Under Joint Spousal Ownership" option is chosen)

Relationship to Owner

Percentage

Jane Doe

Spouse

100%

Name (Do not complete if "Surviving Spouse Under Joint Spousal Ownership" option is chosen)

Relationship to Owner

Percentage

6. PLAN TYPE (Choose one plan and complete the appropriate section and, if applicable, transfer/exchange form.)

Table with 5 rows and 4 columns. Row 1: Non-Qualified (checked), Is this a 1035 Exchange? (No checked), If yes, submit 1035 Exchange Form, If yes, what is the Cost Basis? \$. Row 2: IRA, Current Year Contribution, Prior Year Contribution, Transfer Amount, Rollover Amount. Row 3: SEP IRA, Current Year Contribution, Prior Year Contribution, Transfer Amount, Rollover Amount. Row 4: Roth IRA, Current Year Contribution, Prior Year Contribution, Transfer Amount, Rollover Amount. Row 5: Inherited IRA, Transfer Amount. Row 6: 403(b)(TSA), Transfer Amount, Is this an ERISA Plan? (No checked), (Employee should ask employer if plan is subject to ERISA.)

[Note: If this is an IRA, SEP IRA, ROTH IRA transfer/rollover or 403(b) transfer, submit Qualified Transfer/Direct Rollover Form. If this is an Inherited IRA transfer, submit Inherited IRA Information/Transfer Form.]

7. REPLACEMENT INFORMATION (If you answer "Yes" to either question, submit required replacement forms.)

Do you have any existing life insurance or annuity policies? Yes No
Is this a replacement of a life insurance or annuity policy? Yes No (If you answer "Yes" to this question, please also complete existing policy information in this section below.)

Company Name	Policy Number(s)	Estimated Policy Value(s)
		\$
		\$

8. ADDITIONAL INFORMATION

9. FRAUD AND DISCLOSURE STATEMENTS FOR THE FOLLOWING JURISDICTIONS:

Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

New Jersey: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

All Other Jurisdictions except Florida, Massachusetts, New Jersey, New York, Oklahoma, Oregon, Vermont and Virginia: Any person who knowingly and with the intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. **For Pennsylvania,** the following also applies: Penalties may include imprisonment, fines, or a denial of insurance benefits if a person provides false information.

Arizona: On written request, you will be provided, within a reasonable time, reasonable factual information regarding the benefits and provisions of your policy. Within 10 days after delivery, or within thirty (30) days after delivery if the Policy Owner is sixty-five (65) years of age or older, you can return your policy to the Corporation or to the Agent through whom it was purchased, with a written request for a full refund of premium. Upon receipt of this request, the policy will be void, and a full premium refund will be made.

10. SIGNATURES

I/We agree that: (1) All answers to questions and statements in this application are true to the best of the knowledge and belief of those who made and recorded them. (2) This policy will not become effective unless it is delivered to the Owner while the Annuitant is living. (3) Unless otherwise indicated below, the Owner of this policy is the Applicant. (4) Under penalties of perjury, the Taxpayer Identification Numbers provided on this application are certified to be correct. (5) No Agent is authorized to accept risks, make or change this application or any policy issued by the Company, or give up any of the Owner's rights or requirements. (6) I/We understand that the annuity is not backed or guaranteed by any bank or insured by the FDIC.

Signed at <u>Anytown</u>	City	<u>NY</u>	State	<u>01 / 01 /2009</u>	Date (MM/DD/YY)
Owner's (Applicant) Signature	Joint Owner's Signature (if applicable)	Annuitant's Signature (if other than Owner)			
Agent's/ Representative's Signature	<u>George Agent</u>	<u>(914) 777-0000</u>			
<u>NY/ B-D #111</u>	Representative (print name)	Representative's Tel. No.			
Representative's State and License No.		<u>12345</u>			
<u>ABC Brokerage</u>	<u>111 Main St. Anytown, NY 11111</u>	Representative's NYLIAC Code No.			
Broker/Agency Name and Address.		<u>(914) 000-0000</u>			
		Broker/Agency Tel. No.			



Annuities

APPLICATION FOR
[NEW YORK LIFE OPTIMAL FIXED ANNUITY]
DEFERRED FIXED ANNUITY

ANNUITY COMMENCEMENT AT [AGE 90 OR 10 YEARS]

To New York Life Insurance and Annuity Corporation (NYLIAC) (A Delaware Corporation)

Executive Office: [51 Madison Avenue, New York, NY 10010]

Home Office: [200 Continental Drive, Suite 306, Newark, DE 19713]

Please print or type

1. OWNER

Name (First, M.I., Last)
John Doe

Date of Birth
Month Day Year
01 01 1972

Male Female
[X] []

Social Security No. or Tax ID No.
111-11-1111

Residence Address-Street
Anytown, USA

City

State

Zip Code

Tel. No. (day) Tel. No. (evening)
(914) 846-0000 (914) 111-0000

Country of Citizenship
[X] U.S. Other

Relationship to Annuitant
Self

2. JOINT OWNER (if any)

Name (First, M.I., Last)

Date of Birth
Month Day Year

Male Female
[] []

Social Security No. or Tax ID No.

Residence Address-Street

City

State

Zip Code

Tel. No. (day) Tel. No. (evening)
() ()

Country of Citizenship
[] U.S. Other

Relationship to Owner

3. ANNUITANT

If same as Owner, check here [X]. Otherwise, complete this section.

Name (First, M.I., Last)

Date of Birth
Month Day Year

Male Female
[] []

Social Security No. or Tax ID No.

Residence Address-Street

City

State

Zip Code

4. PREMIUM AMOUNT (Attach check payable to NYLIAC, unless instructed otherwise.)

Single Premium [\$ 5,000]
(Indicate total estimated amount including cash with application and anticipated transfer/exchange amounts)

Initial Interest Rate Guarantee Period: (check one box)
[] 1 Year [] 3 Years [] Other

5. PRIMARY BENEFICIARY(IES) Note: Complete Section 8 to name a Contingent Beneficiary.

[] Surviving Spouse Under Joint Spousal Ownership (For Non-Qualified plan only)

This designation is available only if (i) spouses are Joint Owners, (ii) one spouse is the Annuitant, and, (iii) upon the death of either spouse, the surviving spouse wants the option to continue the policy as the sole Owner and Annuitant.

Name (Do not complete if "Surviving Spouse Under Joint Spousal Ownership" option is chosen)
Jane Doe

Relationship to Owner
Spouse

Percentage
100%

Name (Do not complete if "Surviving Spouse Under Joint Spousal Ownership" option is chosen)

Relationship to Owner

Percentage

6. PLAN TYPE (Choose one plan and complete the appropriate section and, if applicable, transfer/exchange form.)

Form with checkboxes for Non-Qualified, IRA, SEP IRA, Roth IRA, Inherited IRA, 403(b)(TSA) and associated contribution/transfer information.

[Note: If this is an IRA, SEP IRA, ROTH IRA transfer/rollover or 403(b) transfer, submit Qualified Transfer/Direct Rollover Form. If this is an Inherited IRA transfer, submit Inherited IRA Information/Transfer Form.]

7. REPLACEMENT INFORMATION (If you answer "Yes" to either question, submit required replacement forms.)

Do you have any existing life insurance or annuity policies? Yes No

Is this a replacement of a life insurance or annuity policy? Yes No

Yes

No

(If you answer "Yes" to this question, please also complete existing policy information in this section below.)

Company Name	Policy Number(s)	Estimated Policy Value(s) \$
		\$

8. ADDITIONAL INFORMATION

9. FRAUD AND DISCLOSURE STATEMENTS FOR THE FOLLOWING JURISDICTIONS:

Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

New Jersey: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

All Other Jurisdictions except Florida, Massachusetts, New Jersey, New York, Oklahoma, Oregon, Vermont and Virginia: Any person who knowingly and with the intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. **For Pennsylvania,** the following also applies: Penalties may include imprisonment, fines, or a denial of insurance benefits if a person provides false information.

Arizona: On written request, you will be provided, within a reasonable time, reasonable factual information regarding the benefits and provisions of your policy. Within 10 days after delivery, or within thirty (30) days after delivery if the Policy Owner is sixty-five (65) years of age or older, you can return your policy to the Corporation or to the Agent through whom it was purchased, with a written request for a full refund of premium. Upon receipt of this request, the policy will be void, and a full premium refund will be made.

10. SIGNATURES

I/We agree that: (1) All answers to questions and statements in this application are true to the best of the knowledge and belief of those who made and recorded them. (2) This policy will not become effective unless it is delivered to the Owner while the Annuitant is living. (3) Unless otherwise indicated below, the Owner of this policy is the Applicant. (4) Under penalties of perjury, the Taxpayer Identification Numbers provided on this application are certified to be correct. (5) No Agent is authorized to accept risks, make or change this application or any policy issued by the Company, or give up any of the Owner's rights or requirements. (6) I/We understand that the annuity is not backed or guaranteed by any bank or insured by the FDIC.

Signed at	<u>Anytown</u>	<u>NY</u>	<u>01 /01/2009</u>
	City	State	Date (MM/DD/YY)
Owner's (Applicant) Signature	Joint Owner's Signature (if applicable)	Annuitant's Signature (if other than Owner)	
Agent's/ Representative's Signature	<u>George Agent</u>	<u>(914) 777-0000</u>	
<u>NY/ B-D #111</u>	Representative (print name)	Representative's Tel. No.	
Representative's State and License No.		<u>12345</u>	
<u>ABC Brokerage 111 Main Street</u>	<u>Anytown, NY 11111</u>	Representative's NYLIAC Code No.	
Broker/Agency Name and Address.		<u>(914) 000-0000</u>	
		Broker/Agency Tel. No.	



Annuities

APPLICATION FOR DEFERRED FIXED ANNUITIES

To New York Life Insurance and Annuity Corporation (NYLIAC) (A Delaware Corporation)

Executive Office: [51 Madison Avenue, New York, NY 10010]

Home Office: [200 Continental Drive, Suite 306, Newark, DE 19713]

Please print or type

1. PRODUCT SELECTION (Choose ONE annuity product below. All products may not be available in all jurisdictions.)

<input type="checkbox"/> New York Life Enhanced Fixed Annuity (EFA)* Surrender Charge Period (check one box for EFA only) <input type="checkbox"/> 6 Years <input type="checkbox"/> 8 Years	<input type="checkbox"/> New York Life Preferred Fixed Annuity (PFA) <input type="checkbox"/> New York Life Optimal Fixed Annuity (OFA) <input type="checkbox"/> New York Life Flexible Premium Fixed Annuity (FPFA) <input checked="" type="checkbox"/> New York Life Select 5 Fixed Annuity (S5FA) <input type="checkbox"/> Other: _____
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* During the initial Interest Rate Guarantee Period, a higher interest rate will be credited to policies issued with an 8-Year Surrender Charge period.

Annuity Commencement At [Age 90 Or 10 Years] For All Products

2. OWNER

First Name John	Middle Name James	Last Name Doe	Suffix	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (mm/dd/yyyy) 01/01/1973
Residence: Street 100 Main Street	City Anytown	State NY	Country USA	Zip Code 11111	
Telephone No. (day) (111)222-3333	Telephone No. (evening) (111)444-5555	<input checked="" type="checkbox"/> Social Security No. or ___Tax ID No. ___Exempt ___Applied for 111-11-1111			
Relationship to Annuitant Self				Country of Citizenship <input checked="" type="checkbox"/> U.S. Other _____	
Joint Owner	First Name	Middle Name	Last Name	Suffix	<input type="checkbox"/> Male <input type="checkbox"/> Female
Relationship to Owner		Country of Citizenship <input type="checkbox"/> U.S. Other _____		___Social Security No. or ___Tax ID No. ___Exempt ___Applied for	

3. ANNUITANT If same as Owner, check here . (If other than Owner, complete this section.)

First Name	Middle Name	Last Name	Suffix	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (mm/dd/yyyy)
Residence: Street	City	State	Country	Zip Code	
___Social Security No. or ___Tax ID No. ___Exempt ___Applied for				Country of Citizenship <input type="checkbox"/> U.S. Other _____	

4. PREMIUM AMOUNT (If applicable, attach check payable to NYLIAC.)

Single Premium [(EFA, PFA, OFA, & S5FA)]
[\$5,000] (indicate total estimated amount including cash with application and anticipated transfer/exchange amounts)

Initial Interest Rate Guarantee Period

(5 Years only for Select 5. All others check one box below.)

<input type="checkbox"/> 1 Year (EFA, PFA, OFA)	<input type="checkbox"/> 3 Years (EFA, PFA, OFA)
<input type="checkbox"/> 6 Years (EFA)	<input type="checkbox"/> 7 Years (PFA)
<input type="checkbox"/> Other _____	

Flexible Premium (FPFA)

Initial Premium	\$ _____
Planned Premium	\$ _____

(if Planned Premium completed, please check one box)
 C-O-M [(Submit Form 18492 and initial premium)]**
 Employer Billing Arrangement [(Submit Form 18483 for SEP and SIMPLE IRA plans or Form 18600 for TSA plans)]
****Note: Both the initial and planned premiums must be completed for C-O-M arrangements.**

5. BENEFICIARY(IES) (Note: If more than one beneficiary is named, indicate the class and percentage for each. Each class must total 100%.)

Surviving Spouse Under Joint Spousal Ownership (For Non-Qualified plan only)

This designation is available only if (i) spouses are Joint Owners and (ii) upon the death of either spouse, the surviving spouse wants the option to continue the policy as the sole Owner and, if applicable, the Annuitant.

NOTE: When the "Surviving Spouse Under Joint Spousal Ownership" option is selected above, complete the section below only if there are contingent beneficiaries.

CLASS

<input checked="" type="checkbox"/> Primary	Jane J. Doe	Spouse	100%
<input type="checkbox"/> Contingent			
<input type="checkbox"/> Primary	▲ Name (First, Middle Initial, Last)	Relationship to Owner	Percentage
<input type="checkbox"/> Contingent			
<input type="checkbox"/> Primary	▲ Name (First, Middle Initial, Last)	Relationship to Owner	Percentage
<input type="checkbox"/> Contingent			
<input type="checkbox"/> Primary	▲ Name (First, Middle Initial, Last)	Relationship to Owner	Percentage
<input type="checkbox"/> Contingent			
<input type="checkbox"/> Primary	▲ Name (First, Middle Initial, Last)	Relationship to Owner	Percentage
<input type="checkbox"/> Contingent			

6. PLAN TYPE (Choose ONE plan and complete the appropriate section and, if applicable, transfer/exchange form.)

<input checked="" type="checkbox"/> Non-Qualified	Is this a 1035 Exchange? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	What is the Cost Basis? \$	
Qualified: <input type="checkbox"/> IRA	<input type="checkbox"/> SEP IRA	<input type="checkbox"/> Roth IRA	<input type="checkbox"/> SIMPLE IRA
<u>Current Year Contribution</u>	<u>Prior Year Contribution</u>	<u>Transfer Amount</u>	<u>Rollover Amount</u>
\$ _____ Year	\$ _____ Year	\$ _____	\$ _____
<input type="checkbox"/> Inherited IRA (not available on FPFA)	<u>Transfer Amount</u>		
	\$ _____		
<input type="checkbox"/> 403(b)(TSA) (Non-ERISA Only)	Is this an ERISA Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No Note: 403(b)(TSA) NOT available if it is subject to ERISA. Employee should ask employer if plan is subject to ERISA.	<u>Transfer Amount</u>	
		\$ _____	

7. ADDITIONAL INFORMATION:

8. FRAUD AND DISCLOSURE STATEMENTS FOR THE FOLLOWING JURISDICTIONS:

Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

All Other Jurisdictions except Florida, Massachusetts, New Jersey, New York, Oklahoma, Oregon, Vermont and Virginia: Any person who knowingly and with the intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. **For residents other than Pennsylvania and New York,** the following also applies: Penalties may include imprisonment, fines, or a denial of insurance benefits if a person provides false information.

Arizona: On written request, you will be provided, within a reasonable time, reasonable factual information regarding the benefits and provisions of your policy. Within 10 days after delivery, or within thirty (30) days after delivery if the Policy Owner is sixty-five (65) years of age or older, you can return your policy to the Corporation or to the Agent through whom it was purchased, with a written request for a full refund of premium. Upon receipt of this request, the policy will be void, and a full premium refund will be made.

9. SIGNATURES

I/We agree that: (1) All answers to questions and statements in this application are true to the best of the knowledge and belief of those who made and recorded them. (2) This policy will not become effective unless it is delivered to the Owner while the Owner and Annuitant are living. (3) Unless otherwise indicated below, the Owner of this policy is the Applicant. (4) Under penalties of perjury, the Taxpayer Identification Number(s) provided on this application are certified to be correct. (5) No Agent is authorized to accept risks, make or change this application or any policy issued by the Company, or give up any of the Owner's rights or requirements.

Signed at (City/State) Anytown, NY Dated On 1/1/2009

<u>▲ Owner</u>	<u>▲ Joint Owner (if applicable)</u>
	<u>John Doe</u>
<u>▲ Annuitant (if other than Owner)</u>	<u>▲ Applicant (if other than Owner)</u>
	<u>George Agent</u>
<u>▲ Agent's Signature</u>	<u>George Agent</u>
<u>(111)555-0000</u>	<u>NY/ 678910</u>
<u>Agent's Tel. No.</u>	<u>State/License No.</u>
<u>General Office #111</u>	
<u>General Office Name/No.</u>	<u>▲ Lic. Resident Agent Countersignature and Code</u>

"Date Received" Stamp Here



APPLICATION FOR
[NEW YORK LIFE FIXED ANNUITY]
SINGLE PREMIUM DEFERRED FIXED ANNUITY
ANNUITY COMMENCEMENT AT AGE [90 OR 10 YEARS]

To New York Life Insurance and Annuity Corporation (NYLIAC) (A Delaware Corporation)

Executive Office: [51 Madison Avenue, New York, NY 10010]

Home Office: [200 Continental Drive, Suite 306, Newark, DE 19713]

Please print or type

1. OWNER

Name (First, M.I., Last) John J. Doe		Date of Birth Month: 01 Day: 01 Year: 1973	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	Social Security No. or Tax ID No. 111-11-1111
Residence Address-Street 100 Main Street		City Anytown	State NY	Zip Code 11111
Tel. No. (day) (111) 222-3333	Tel. No. (evening) (111) 444-5555	Country of Citizenship <input checked="" type="checkbox"/> U.S. Other _____		Relationship to Annuitant Self

2. JOINT OWNER (if any)

Name (First, M.I., Last)		Date of Birth Month Day Year	Male <input type="checkbox"/> Female <input type="checkbox"/>	Social Security No. or Tax ID No.
Residence Address-Street		City	State	Zip Code
Tel. No. (day) ()	Tel. No. (evening) ()	Country of Citizenship <input type="checkbox"/> U.S. Other _____		Relationship to Owner

3. ANNUITANT

If same as Owner, check here . Otherwise, complete this section.

Name (First, M.I., Last)		Date of Birth Month Day Year	Male <input type="checkbox"/> Female <input type="checkbox"/>	Social Security No. or Tax ID No.
Residence Address-Street		City	State	Zip Code

4. PREMIUM AMOUNT (Attach check payable to NYLIAC, unless instructed otherwise.)

Single Premium [\$ 5,000 _____] (Indicate total estimated amount including cash with application and anticipated transfer/exchange amounts)	Initial Interest Rate Guarantee Period: <input type="checkbox"/> 1 Year <input type="checkbox"/> 3 Years <input type="checkbox"/> 6 Years <input type="checkbox"/> Other _____]
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5. BENEFICIARY(IES) (Note: If more than one beneficiary is named, indicate the class and percentage for each. Each class must total 100%)

Surviving Spouse Under Joint Spousal Ownership (For Non-Qualified plan only)

This designation is available only if (i) spouses are Joint Owners and (ii) upon the death of either spouse, the surviving spouse wants the option to continue the policy as the sole Owner and, if applicable, the Annuitant.

NOTE: When the "Surviving Spouse Under Joint Spousal Ownership" option is selected above, complete the section below **only** if there are contingent beneficiaries.

CLASS

<input checked="" type="checkbox"/> Primary	Jane J. Doe	Spouse	100%
<input type="checkbox"/> Contingent	▲ Name (First, Middle Initial, Last)	Relationship to Owner	Percentage
<input type="checkbox"/> Primary			
<input type="checkbox"/> Contingent	▲ Name (First, Middle Initial, Last)	Relationship to Owner	Percentage

6. PLAN TYPE (Choose one plan and complete the appropriate section and, if applicable, transfer/exchange form.)

<input checked="" type="checkbox"/> Non-Qualified	Is this a 1035 Exchange? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, submit 1035 Exchange Form.	If yes, what is the Cost Basis? \$ _____
----------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------

Qualified:	<input type="checkbox"/> IRA	<input type="checkbox"/> SEP IRA	<input type="checkbox"/> Roth IRA
Current Year Contribution	Prior Year Contribution	Transfer Amount	Rollover Amount
\$ _____ Year	\$ _____ Year	\$ _____	\$ _____

<input type="checkbox"/> Inherited IRA	Transfer Amount \$ _____
-----------------------------------------------	-----------------------------

Note: [If this is an IRA, SEP IRA, or ROTH IRA transfer/rollover, submit Qualified Transfer/Direct Rollover Form. If this is an Inherited IRA transfer, submit Inherited IRA Information/Transfer Form.]

7. REPLACEMENT INFORMATION (If you answer "Yes" to either question, submit required replacement forms.)

Do you own any existing life insurance or annuity policies? Yes No

Is this a replacement of a life insurance or annuity policy? Yes No (If you answer "Yes" to this question, please also provide existing policy information in this section below.)

Company Name	Policy Number(s)	Estimated Policy Value(s) \$ _____
--------------	------------------	---------------------------------------

8. ADDITIONAL INFORMATION:

9. FRAUD AND DISCLOSURE STATEMENTS FOR THE FOLLOWING JURISDICTIONS:

Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

All Other Jurisdictions except Arizona, Florida, Massachusetts, New York, Oklahoma, Oregon, Vermont and Virginia: Any person who knowingly and with the intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. **For residents other than Pennsylvania,** the following also applies: Penalties may include imprisonment, fines, or a denial of insurance benefits if a person provides false information.

10. SIGNATURES

I/We agree that: (1) All answers to questions and statements in this application are true to the best of the knowledge and belief of those who made and recorded them. (2) This policy will not become effective unless it is delivered to the Owner while the Owner and Annuitant are living. (3) Unless otherwise indicated below, the Owner of this policy is the Applicant. (4) Under penalties of perjury, the Taxpayer Identification Numbers provided on this application are certified to be correct. (5) No Agent is authorized to accept risks, make or change this application or any policy issued by the Company, or give up any of the Owner's rights or requirements. (6) I/We understand that the annuity is not backed or guaranteed by any bank or insured by the FDIC.

Signed at	<u>Anytown</u>	<u>NY</u>	<u>1/1/2009</u>
	City	State	Date (MM/DD/YY)
 Owner's (Applicant) Signature	 Joint Owner's Signature (if applicable)	 Annuitant's Signature (if other than Owner)	
 Agent's/ Representative's Signature <u>NY/678910</u>	<u>George Agent</u> Representative (print name)	<u>(111)555-0000</u> Representative's Tel. No.	<u>12345</u> Representative's NYLIAC Code No.
<u>ABC Brokerage 111 Main Street Anytown, NY 11111</u> Broker/Agency Name and Address.		<u>(111)111-0000</u> Broker/Agency Tel. No.	

New York Life Insurance and Annuity Corporation
[51 Madison Avenue - New York, NY 10010]

POLICY DATA PAGE

Annuitant -- [John Doe] AGE: [35] [MALE]
Policy Number-- [00 000 000]
Policy Date -- [January 1, 2009]
Owner -- [The Annuitant]

Single Premium Payment: [\$5,000.00]
Minimum Premium Payment for this Policy: [\$5,000.00]
Initial Interest Rate Guarantee Period Ending On: [December 31, 2009]

ANNUITY COMMENCEMENT DATE: [January 1, 2064]

SURRENDER CHARGE SCHEDULE:

POLICY YEAR	PERCENTAGE	POLICY YEAR	PERCENTAGE
1	7%	5	5%
2	7%	6	4%
3	7%	7	0%
4	6%		

Minimum Guaranteed Interest Rate: [2.0]% (Effective annual yield)

Minimum Withdrawal Amount: \$100.00

Minimum Balance that must be maintained in the Policy after a Partial Withdrawal: \$2,000.00

ISSUE DATE: [JANUARY 2, 2009]

SPECIMEN COPY

New York Life Insurance and Annuity Corporation

Home Office
[200 Continental Drive Suite 306]
[Newark, DE 19713]

Executive Office
[51 Madison Avenue]
[New York, NY 10010]

POLICY DATA PAGE

Annuitant -- [John Doe] AGE: [35] [MALE]
Policy Number -- [00 000 000]
Policy Date -- [January 1, 2009]
Owner -- [The Annuitant]
Plan -- [Non-Qualified]

Premium Payment: \$[5,000.00]

Initial Interest Rate Guarantee Period Ending On: [December 31, 2009]

ANNUITY COMMENCEMENT DATE: [January 1, 2064]

SURRENDER CHARGE SCHEDULE:

POLICY YEAR	PERCENTAGE	POLICY YEAR	PERCENTAGE
1	7%	5	5%
2	7%	6	4%
3	7%	7	0%
4	6%		

1	7%	5	5%
2	7%	6	4%
3	7%	7	3%
4	6%	8	2%
		9	0%

Initial Interest Rate: [4.0%] (Effective annual yield)

Guaranteed Minimum Interest Rate: [2.0%] (Effective annual yield)

Minimum Partial Withdrawal Amount: \$100.00

Minimum Accumulation Value that must be maintained in the Policy after a Partial Withdrawal: \$2,000.00

ENHANCED DEATH BENEFIT:

Maximum Enhanced Death Benefit Rate:	100% of Adjusted Premium Payment
Guaranteed Enhanced Death Benefit Rate:	40% of Adjusted Accumulation Value

ISSUE DATE: [JANUARY 2, 2009]

SPECIMEN COPY

New York Life Insurance and Annuity Corporation

Home Office
[200 Continental Drive Suite 306]
[Newark, DE 19713]

Executive Office
[51 Madison Avenue]
[New York, NY 10010]

POLICY DATA PAGE

Annuitant -- [John Doe] AGE: [35] [MALE]
Policy Number -- [00 000 000]
Policy Date -- [January 1, 2009]
Owner -- [The Annuitant]
Plan -- [Non-Qualified]

Premium Payment: \$[5,000.00]
Initial Interest Rate Guarantee Period Ending On: [December 31, 2009]

ANNUITY COMMENCEMENT DATE: [January 1, 2064]

SURRENDER CHARGE SCHEDULE:

POLICY YEAR	PERCENTAGE	POLICY YEAR	PERCENTAGE
1	7%	6	4%
2	7%	7	3%
3	7%	8	0%
4	6%		
5	5%		

Initial Interest Rate: [4.0%] (Effective annual yield)

Guaranteed Minimum Interest Rate: [2.0%] (Effective annual yield)

Nonforfeiture Rate: [3.0%]

Minimum Partial Withdrawal Amount: \$100.00

Minimum Accumulation Value that must be maintained in the Policy after a Partial Withdrawal:
\$2,000.00

ENHANCED DEATH BENEFIT:

Maximum Enhanced Death Benefit Rate: 100% of Adjusted Premium Payment
Guaranteed Enhanced Death Benefit Rate: 40% of Adjusted Accumulation Value

ISSUE DATE: [JANUARY 2, 2009]

New York Life Insurance and Annuity Corporation (NYLIAC)

Statement of Variability Application/Policy Data Page - Deferred Fixed Annuity Form: 204-186.50 (06/2008)

Any use of variability shall be administered in a uniform and non-discriminatory manner and shall not result in unfair discrimination. The following information, that is bracketed, is denoted as variable.

Top of form:

Marketing Name: For changes to the marketing name.

Executive Office/Home Office Addresses: For changes to this information should NYLIAC's office locations change.

Section 4:

Premium Amount: The premium amount used to purchase the policy. The premium payment range is \$5,000 - unlimited. Premium payments of \$1,000,000 or more are subject to prior approval by NYLIAC.

Initial Interest Rate Guarantee Period: For changes to the initial guarantee periods offered. We may change the guarantee periods or add or remove guarantee periods. The range for the *number* of available guarantee periods is any whole number between and including 1 – 10. The range for a *particular* guarantee period is any whole number between and including 1 – 10 years. If the ranges change we will submit a limited informational filing.

Section 5:

Plan Type: The plan types made available by NYLIAC that may be added or removed at the company's discretion and in accordance with applicable law for tax-qualified plans available with this product. The plan types are Non-Qualified, IRA, SEP IRA, and Roth IRA.

Section 8:

Annuity Commencement Age: For changes to comply with federal or state laws or regulations or to accommodate changes to the company's suitability standards.

New York Life Insurance and Annuity Corporation (NYLIAC)

Statement of Variability Application/Policy Data Page - Deferred Fixed Annuity Form: 205-191.50

Any use of variability shall be administered in a uniform and non-discriminatory manner and shall not result in unfair discrimination. The following information, that is bracketed, is denoted as variable.

Top of form:

Marketing Name: For changes to the marketing name.

Executive Office/Home Office Addresses: For changes to this information should NYLIAC's office locations change.

Section 4:

Premium Amount: The premium amount used to purchase the policy. The premium payment range is \$5,000 - unlimited. Premium payments of \$1,000,000 or more are subject to prior approval by NYLIAC.

Initial Interest Rate Guarantee Period: For changes to the initial guarantee periods offered. We may change the guarantee periods or add or remove guarantee periods. The range for the *number* of available guarantee periods is any whole number between and including 1 – 10. The range for a *particular* guarantee period is any whole number between and including 1 – 10 years. If the ranges change we will submit a limited informational filing.

Section 5:

Plan Type: The plan types made available by NYLIAC that may be added or removed at the company's discretion and in accordance with applicable law for tax-qualified plans available with this product. The plan types are Non-Qualified, IRA, SEP IRA, and Roth IRA.

Section 8:

Annuity Commencement Age: For changes to comply with federal or state laws or regulations or to accommodate changes to the company's suitability standards.

New York Life Insurance and Annuity Corporation (NYLIAC)

Statement of Variability For Individual Deferred Fixed Annuity Application Form Number: 205-592

Any use of variability shall be administered in a uniform and non-discriminatory manner and shall not result in unfair discrimination. The following information, that is bracketed, is denoted as variable.

Top of form

Marketing Name: For changes to the marketing name.

Annuity Commencement Age: For changes to comply with federal or state laws or regulations or to accommodate changes to the company's suitability standards.

Executive Office/Home Office Addresses: For changes to this information should NYLIAC's office locations change.

Section 3

Premium Amount: The premium amount used to purchase the policy. The premium payment range is \$5,000 - unlimited. Premium payments of \$1,000,000 or more are subject to prior approval by NYLIAC.

Initial Interest Rate Guarantee Period: For changes to the initial guarantee periods offered. We may change the guarantee periods or add or remove guarantee periods. The range for the *number* of available guarantee periods is any whole number between and including 1 – 10. The range for a *particular* guarantee period is any whole number between and including 1 – 10 years. If the ranges change, we will submit a limited informational filing.

Section 5

Plan type: For changes to the plan types made available by NYLIAC and in accordance with applicable law for tax qualified plans available with this product. If the available choices for the Plan Type change, we will submit a limited informational filing.

Note: For changes with corresponding available plan types.

New York Life Insurance and Annuity Corporation (NYLIAC)

Statement of Variability For Individual Deferred Fixed Annuity Application Form Number: 207- 596

Any use of variability shall be administered in a uniform and non-discriminatory manner and shall not result in unfair discrimination. The following information, that is bracketed, is denoted as variable.

Top of form

Marketing Name: For changes to the marketing name.

Annuity Commencement Age: For changes to comply with federal or state laws or regulations or to accommodate changes to the company's suitability standards.

Executive Office/Home Office Addresses: For changes to this information should NYLIAC's office locations change.

Section 4

Premium Amount: The premium amount used to purchase the policy. The premium payment range is \$5,000 - unlimited. Premium payments of \$1,000,000 or more are subject to prior approval by NYLIAC.

Initial Interest Rate Guarantee Period: For changes to the initial guarantee periods offered. We may change the guarantee periods or add or remove guarantee periods. The range for the *number* of available guarantee periods is any whole number between and including 1 – 10. The range for a *particular* guarantee period is any whole number between and including 1 – 10 years. If the ranges change, we will submit a limited informational filing.

Section 6

Plan type: For changes to the plan types made available by NYLIAC and in accordance with applicable law for tax qualified plans available with this product. If the available choices for the Plan Type change, we will submit a limited informational filing.

Note: For changes with corresponding available plan types.

New York Life Insurance and Annuity Corporation (NYLIAC)

Statement of Variability For Individual Deferred Fixed Annuity Application Form Number: 207- 597

Any use of variability shall be administered in a uniform and non-discriminatory manner and shall not result in unfair discrimination. The following information, that is bracketed, is denoted as variable.

Top of form

Marketing Name: For changes to the marketing name.

Annuity Commencement Age: For changes to comply with federal or state laws or regulations or to accommodate changes to the company's suitability standards.

Executive Office/Home Office Addresses: For changes to this information should NYLIAC's office locations change.

Section 4

Premium Amount: The premium amount used to purchase the policy. The premium payment range is \$5,000 - unlimited. Premium payments of \$1,000,000 or more are subject to prior approval by NYLIAC.

Initial Interest Rate Guarantee Period: For changes to the initial guarantee periods offered. We may change the guarantee periods or add or remove guarantee periods. The range for the *number* of available guarantee periods is any whole number between and including 1 – 10. The range for a *particular* guarantee period is any whole number between and including 1 – 10 years. If the ranges change, we will submit a limited informational filing.

Section 6

Plan type: For changes to the plan types made available by NYLIAC and in accordance with applicable law for tax qualified plans available with this product. If the available choices for the Plan Type change, we will submit a limited informational filing.

Note: For changes with corresponding available plan types.

New York Life Insurance and Annuity Corporation (NYLIAC)

Statement of Variability For Individual Deferred Fixed Annuity Application Form Number: 208- 591

Any use of variability shall be administered in a uniform and non-discriminatory manner and shall not result in unfair discrimination. The following information, that is bracketed, is denoted as variable.

Top of form

Executive Office/Home Office Addresses: For changes to this information should NYLIAC's office locations change.

Section 1

Product Selection:

Product Availability: For the addition of any subsequent product that may be filed and approved for which we would use this application for solicitation purposes. Also, for removal of products that we discontinue soliciting. If the available choices change, we will submit a limited informational filing.

Annuity Commencement Age: For changes to comply with federal or state laws or regulations or to accommodate changes to the company's suitability standards.

Product Marketing Name: For changes to the marketing name of any one product.

Section 4

Premium Amount: The premium amount used to purchase the policy. The premium payment range is \$5,000 - unlimited. Premium payments of \$1,000,000 or more are subject to prior approval by NYLIAC.

Initial Interest Rate Guarantee Period: For changes to the initial guarantee periods offered. We may change the guarantee period or add or remove guarantee periods. The range for the *number* of available guarantee periods is any whole number between and including 1 – 10. The range for a *particular* guarantee period is any whole number between and including 1 – 10 years. If the ranges change, we will submit a limited informational filing.

Product Abbreviations: For corresponding changes to product marketing names.

FPFA Information: This information would be removed if solicitation of the New York Life Flexible Premium Fixed Annuity (FPFA) product were discontinued. Instructions and reference to service form numbers may change due to administrative changes.

Section 6

Plan Type: The plan types made available by NYLIAC that may be added or removed at the company's discretion and in accordance with applicable law for tax-qualified plans. The plan types are Non-Qualified, IRA, SEP IRA, Roth IRA, Inherited IRA, SIMPLE IRA, TSA, Pension & Keogh and 457b.

New York Life Insurance and Annuity Corporation (NYLIAC)

Statement of Variability For Individual Deferred Fixed Annuity Application Form: 208-596

Any use of variability shall be administered in a uniform and non-discriminatory manner and shall not result in unfair discrimination. The following information, that is bracketed, is denoted as variable.

Top of Form:

Marketing Name: For changes to the marketing name.

Annuity Commencement Age: For changes to comply with federal or state laws or regulations or to accommodate changes to the company's suitability standards.

Executive Office/Home Office Addresses: For changes to this information should NYLIAC's office locations change.

Section 4: Premium Amount

Premium Amount: The premium amount used to purchase the policy. The premium payment range is \$5,000 - unlimited. Premium payments of \$1,000,000 or more are subject to prior approval by NYLIAC.

Initial Interest Rate Guarantee Period: For changes to the initial guarantee periods offered. We may change the guarantee periods or add or remove guarantee periods. The range for the *number* of available guarantee periods is any whole number between and including 1 – 10. The range for a *particular* guarantee period is any whole number between and including 1 – 10 years. If the ranges change, we will submit a limited informational filing.

Section 6: Plan Type

The plan types made available by NYLIAC that may be added or removed at the company's discretion and in accordance with applicable law for tax-qualified plans available with this product. The plan types are Non-Qualified, IRA, SEP IRA, Roth IRA, and Inherited IRA.

Note Section: The information in this section will change with corresponding changes to available plan types.

New York Life Insurance and Annuity Corporation (NYLIAC)

Statement of Variability For Individual Deferred Fixed Annuity Contract Form Number: 204-185

Any use of variability shall be administered in a uniform and non-discriminatory manner and shall not result in unfair discrimination. The following information, that is bracketed, is denoted as variable.

Company Address: For changes to this information should NYLIAC's office location change.

Single Premium Payment: The premium amount used to purchase the policy.

Minimum Premium Payment for this Policy: The minimum premium payment is \$10,000 for Pension and Keogh Plans; \$5,000 for all other plans. Premium payments of \$1,000,000 or more are subject to prior approval by NYLIAC.

Initial Interest Rate Guarantee Period Ending On: The ending date for the period during which the declared interest rate is guaranteed not to change. This date is based on the interest rate guarantee period elected by the applicant. The three initial interest rate guarantee periods currently offered for this product are: One-Year, Three-Years and Six-Years. The range for the *number* of available guarantee periods is any whole number between and including 1 – 10. The range for a *particular* guarantee period is any whole number between and including 1 – 10 years. If the ranges change, we will submit a limited informational filing.

Minimum Guaranteed Interest Rate: The Guaranteed Minimum Interest Rate(s) will always be equal to or greater than the Non-Forfeiture rate. The range for this rate is between and including 1% and 5%. Any change will be applicable only to new issues.

Guaranteed Minimum Interest Rate equal to the Non-Forfeiture Rate

The methodology for determining the Guaranteed Minimum Interest Rate when it is equal to the Non-Forfeiture rate will be as follows:

- Guaranteed Minimum Interest Rate (GMIR) will be set twice a year in June and December for periods beginning July 1 and January 1;
- This GMIR will then be determined in accordance with the Standard Non-Forfeiture Law for Individual Deferred Annuities.
- The interest rate will be determined based on a six-month average of the five-year Constant Maturity Treasury Rate for December through May (for period beginning July 1) and June through November (for period beginning January 1) rounded to the nearest 1/20th of one percent. This rate is then reduced by one and one fourth percent (1.25%).

Guaranteed Minimum Interest Rate greater than the Non-Forfeiture Rate

Guaranteed Minimum Interest Rates (GMIRs) greater than the Non-Forfeiture rate will be determined by weighing several important factors. The most important among these are:

- The interest rates in effect at the time of contract issue as well as forecasted interest rates,

- The GMIRs and interest rates offered by our competitors – primarily companies that have received ratings from the independent rating agencies similar to those received by our company, and
- Profitability.

All other bracketed items are John Doe information.

New York Life Insurance and Annuity Corporation (NYLIAC)

Statement of Variability For Individual Deferred Fixed Annuity Contract Form Number: 207-198

Any use of variability shall be administered in a uniform and non-discriminatory manner and shall not result in unfair discrimination. The following information, that is bracketed, is denoted as variable.

Executive Office/Home Office Addresses: For changes to this information should NYLIAC's office locations change.

Officer Signatures: For any change to the corporation's officers.

Customer Service Phone Number: For changes to the toll-free phone number.

Marketing Name: For changes to the marketing name.

Plan: For changes to the plan types made available by NYLIAC and in accordance with applicable law for tax qualified plans available with this product. If the available choices for the Plan Type change, we will submit a limited informational filing. The available plans are Non-Qualified, IRA, SEP IRA, Roth IRA, Inherited IRA, SIMPLE IRA, TSA, Pension & Keogh, 412(e)(3) and 457b.

Premium Payment: The premium amount used to purchase the policy. The minimum premium payment is \$10,000 for Pension and Keogh Plans; \$5,000 for all other plans. Premium payments of \$1,000,000 or more are subject to prior approval by NYLIAC.

Initial Interest Rate Guarantee Period Ending On: The ending date for the period during which the declared interest rate is guaranteed not to change. This date is based on the interest rate guarantee period elected by the applicant. The three initial interest rate guarantee periods currently offered for this product are: One- Year, Three-Years and Six-Years. The range for the *number* of available guarantee periods is any whole number between and including 1 – 10. The range for a *particular* guarantee period is any whole number between and including 1 – 10 years. If the ranges change, we will submit a limited informational filing.

Surrender Charge Schedule: The schedule elected on the application based on a choice of two surrender charge schedules, a six-year or an eight-year. If the available choices change, we will submit a limited refiling of the data page accompanied with updated supporting actuarial material and a revised Statement of Variability.

Initial Interest Rate: The declared interest rate for the initial interest rate guarantee period. Initial Guaranteed Interest Rates are determined by weighing several important factors. The most important among these are 1) interest rates available to NYLIAC on suitable investments, 2) the interest rates offered by our competitors-primarily companies who have received ratings

from the independent rating agencies similar to those received by our company, and 3) profitability. These rates are set twice a month and apply to new issues only.

Guaranteed Minimum Interest Rate: The Guaranteed Minimum Interest Rate(s) will always be equal to or greater than the Non-Forfeiture rate. The range for this rate is between and including 1% and 5%. Any change will be applicable only to new issues.

Guaranteed Minimum Interest Rate equal to the Non-Forfeiture Rate

The methodology for determining the Guaranteed Minimum Interest Rate when it is equal to the Non-Forfeiture rate will be as follows:

- Guaranteed Minimum Interest Rate (GMIR) will be set twice a year in June and December for periods beginning July 1 and January 1;
- This GMIR will then be determined in accordance with the Standard Non-Forfeiture Law for Individual Deferred Annuities.
- The interest rate will be determined based on a six-month average of the five-year Constant Maturity Treasury Rate for December through May (for period beginning July 1) and June through November (for period beginning January 1) rounded to the nearest 1/20th of one percent. This rate is then reduced by one and one fourth percent (1.25%).

Guaranteed Minimum Interest Rate greater than the Non-Forfeiture Rate

Guaranteed Minimum Interest Rates (GMIRs) greater than the Non-Forfeiture rate will be determined by weighing several important factors. The most important among these are:

- The interest rates in effect at the time of contract issue as well as forecasted interest rates,
- The GMIRs and interest rates offered by our competitors – primarily companies that have received ratings from the independent rating agencies similar to those received by our company, and
- Profitability.

Enhanced Death Benefit: This rider information will display only when elected by the applicant.

All other bracketed items are John Doe information.

New York Life Insurance and Annuity Corporation (NYLIAC)

Statement of Variability For Individual Deferred Fixed Annuity Contract Form Number: 207-199

Any use of variability shall be administered in a uniform and non-discriminatory manner and shall not result in unfair discrimination. The following information, that is bracketed, is denoted as variable.

Executive Office/Home Office Addresses: For changes to this information should NYLIAC's office locations change.

Officer Signatures: For any change to the corporation's officers.

Customer Service Phone Number: For changes to the toll-free phone number.

Marketing Name: For changes to the marketing name.

Plan: For changes to the plan types made available by NYLIAC and in accordance with applicable law for tax qualified plans available with this product. If the available choices for the Plan Type change, we will submit a limited informational filing. The available plans are Non-Qualified, IRA, SEP IRA, Roth IRA, Inherited IRA, SIMPLE IRA, TSA, Pension & Keogh and 457b.

Premium Payment: The premium amount used to purchase the policy. The minimum premium payment is \$10,000 for Pension and Keogh Plans; \$5,000 for all other plans. Premium payments of \$1,000,000 or more are subject to prior approval by NYLIAC.

Initial Interest Rate Guarantee Period Ending On: The ending date for the period during which the declared interest rate is guaranteed not to change. This date is based on the interest rate guarantee period elected by the applicant. The range for the *number* of available guarantee periods is any whole number between and including 1 – 10. The range for *a particular* guarantee period is any whole number between and including 1 – 10 years. If the ranges change, we will submit a limited informational filing.

Initial Interest Rate: The declared interest rate for the initial interest rate guarantee period. Initial Guaranteed Interest Rates are determined by weighing several important factors. The most important among these are 1) interest rates available to NYLIAC on suitable investments, 2) the interest rates offered by our competitors-primarily companies who have received ratings from the independent rating agencies similar to those received by our company, and 3) profitability. These rates are set twice a month and apply to new issues only.

Guaranteed Minimum Interest Rate: The range for this rate is between and including 1% and 3%. Any change will be applicable only to new issues. Guaranteed Minimum Interest Rates (GMIRs) are determined by weighing several important factors. The most important among these are 1) the interest rates in effect at the time of contract issue as well as forecasted interest

rates, 2) the GMIRs and interest rates offered by our competitors – primarily companies who have received ratings from the independent rating agencies similar to those received by our company, and 3) profitability. The GMIR is guaranteed for the lifetime of the contract.

Non-forfeiture Rate: The Non-forfeiture Rate is equal to the lesser of:

- a) 3.00% and;
- b) a rate that is not less than 1.00% and determined by using the six-month average of the five-year Constant Maturity Treasury Rate reported by the Federal Reserve for December through May (for period beginning July 1) and June through November (for period beginning January 1), rounded to the nearest .05%, minus 1.25%.

Enhanced Death Benefit: This rider information will display only when elected by the applicant.

All other bracketed items are John Doe information.



NEW YORK LIFE INSURANCE COMPANY
NEW YORK LIFE INSURANCE AND ANNUITY CORPORATION

(A Delaware Corporation)

1 Rockwood Road, Sleepy Hollow, NY 10591 "The Company You Keep"®

Suzanne Wolf

Assistant Vice President - Product Development

Bus: (914) 846-3508 Fax (914) 846-4487 Toll Free Number (800) 280-3551

E-Mail: Suzanne_M_Wolf@newyorklife.com

March 11, 2009

Hon. Julie Benafield Bowman
Commissioner
Department of Insurance
1200 W. Third Street
Little Rock, AR 72201-1904

Attn.: Policy & Other Form Filings

RE: NEW YORK LIFE INSURANCE AND ANNUITY CORPORATION

N.A.I.C. NO.: 826-91596

F.E.I.N.: 13-3044743

Informational Initial Interest Rate Guarantee Period Changes

Form No.: 204-185 Individual Deferred Fixed Annuity Contract

Form No.: 204-186.50 Individual Deferred Fixed Annuity Contract

Form No.: 205-190 Individual Deferred Fixed Annuity Contract

Form No.: 205-191AR Individual Deferred Fixed Annuity Contract

Form No.: 207-198 Individual Deferred Fixed Annuity Contract

Form No.: 207-199 Individual Deferred Fixed Annuity Contract

Form No.: 204-186.50 (06/2008) Individual Deferred Fixed Annuity Application/Data Page

Form No.: 205-191.50 Individual Deferred Fixed Annuity Application/Data Page

Form No.: 205-592 Individual Deferred Fixed Annuity Application

Form No.: 207-596 Individual Deferred Fixed Annuity Application

Form No.: 207-597 Individual Deferred Fixed Annuity Application

Form No.: 208-591 Individual Deferred Fixed Annuity Application

Form No.: 208-596 Individual Deferred Fixed Annuity Application

Dear Hon. Julie Benafield Bowman:

Due to the current interest rate environment and market conditions, we intend to modify the available initial interest rate guarantee periods offered under the above-referenced policy forms and their corresponding applications. We are submitting for informational purposes only the applications that will be modified as a result of this change.

No other changes are being made to any of the above-referenced forms except for policy forms **205-190** and **205-191AR**. Those additional changes were recently submitted to the Department and were approved on March 4, 2009 (see Departmental File # 41702).

The above-referenced policy forms were previously submitted and approved by your Department. Policy Forms 205-190 and 205-191AR were approved on 3/16/2005. Policy Forms 207-198 and 207-199 were approved on 7/10/2007. Policy Forms 204-185 and 204-186.50 were approved on 7/1/2003.

Policy forms 204-186.50 and 205-191AR are field issue contracts used exclusively by the Company's independent outside agencies. Please note that the application forms 204-186.50 (06/2008) and 205-191.50, used with these policies, function as both the application and the Policy Data Page (page 2). These applications were submitted and approved with the policy forms for which the approval date is noted in the beginning of this letter. Application 204-186.50 (06/2008) was last approved for changes on 9/9/2008. The table that follows this letter lists the form numbers and approval dates for those applications that are used with each of the above-referenced policy forms.

Collectively, these policy forms and their corresponding applications currently offer initial interest rate guarantee periods of One-Year, Two-Years, Three-Years, Five-Years, and Six-Years. We intend to change the available guarantee period options for each policy form and corresponding application as follows:

- 1) Policy forms 205-190 and 205-191AR: Add a 7-year initial interest rate guarantee period and remove the 2-year and 5-year initial interest rate guarantee periods.
- 2) Policy forms 204-185, 204-186.50, 207-198: Remove the Two-Year initial interest rate guarantee periods.
- 3) Policy form 207-199: Remove the 2-year and 5-year initial interest rate guarantee periods.

These changes will apply to new issues of the above-referenced policy forms and corresponding applications on or about May 1, 2009.

Copies of the policy data pages and applications and their corresponding statements of variability are included for your reference. Please note that the data page for policy form 205-190, which requires additional changes, was approved on March 4, 2009 under the Departmental file # 41702.

We would appreciate receiving your Department's acknowledgement of this filing at your earliest convenience. If you have any questions or need any additional information, please contact me at the phone number or email address noted above.

Sincerely,



Suzanne Wolf
Assistant Vice President – Product Development

SW:rz

Policy Form Number	Form Number for Agency Application used with the Policy	Approval Date for Agency Application	Form Number for Independent Agency Application used with Policy	Approval Date for Independent Agency Application
204-185	208-591	3/18/2008	208-596	9/9/2008
204-186.50	N/A	N/A	204-186.50 (06/2008)	9/9/2008
205-190	208-591	3/18/2008	205-592	3/16/2005
205-191AR	N/A	N/A	205-191.50	3/16/2005
207-198	208-591	3/18/2008	207-596	7/10/2007
207-199	208-591	3/18/2008	207-597	7/10/2007

NEW YORK LIFE INSURANCE AND ANNUITY CORPORATION
NEW YORK LIFE INSURANCE COMPANY

STATE OF ARKANSAS

In Re: Form (s):204-185, 204-186.50, 205-190, 205-191AR, 207-198, 207-199, 204-186.50 (06/2008), 205-191.50, 205-592, 207-596, 207-597, 208-591, 208-596

I hereby certify that to the best of my knowledge and belief, the above forms contained in this informational filing complies with Arkansas Insurance Regulation 19.

Suzanne Wolf

Signature

Suzanne Wolf

Name

Assistant Vice President – Product Development

Title

March 9, 2009

Date