

SERFF Tracking Number: NYAA-126298203 State: Arkansas
 Filing Company: New York Life Insurance and Annuity Corporation State Tracking Number: 43448
 Company Tracking Number:
 TOI: A10 Annuities - Other Sub-TOI: A10.000 Annuities - Other
 Product Name: Out of State Group Annuity Enrollment Form
 Project Name/Number: /

Filing at a Glance

Company: New York Life Insurance and Annuity Corporation

Product Name: Out of State Group Annuity Enrollment Form SERFF Tr Num: NYAA-126298203 State: Arkansas

TOI: A10 Annuities - Other SERFF Status: Closed-Approved-Closed State Tr Num: 43448

Sub-TOI: A10.000 Annuities - Other Co Tr Num: State Status: Approved-Closed
 Filing Type: Form Reviewer(s): Linda Bird

Author: Gina Babka Disposition Date: 09/14/2009

Date Submitted: 09/09/2009 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name:	Status of Filing in Domicile: Not Filed
Project Number:	Date Approved in Domicile:
Requested Filing Mode:	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Group
Submission Type: New Submission	Group Market Size: Large
Overall Rate Impact:	Group Market Type: Association
Filing Status Changed: 09/14/2009	Explanation for Other Group Market Type:
	State Status Changed: 09/14/2009
Deemer Date:	Created By: Gina Babka
Submitted By: Gina Babka	Corresponding Filing Tracking Number:
Filing Description:	
Re: Enrollment Form GPA-IA (1)	
Enrollment Form GPA-DA (1)	

Our Federal Employee Identification Number (FEIN) is 13-5582869

Enclosed for approval are the above referenced forms. This is a new form filing and these forms do not replace any existing forms. Form GPA-IA (1) and Form GPA-DA (1) are enrollment forms used by nonmember applicants to enroll

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for insurance under the AARP Group Life Insurance Program as well as AARP membership. The Program, underwritten by New York Life, provides life insurance under various Group Annuity policies delivered to the policyholder, AARP, situated in the District of Columbia.

All of the Annuity products of the Program are marketed on a national basis through: (1) direct mail; and (2) advertisements in the AARP Bulletin newspaper, AARP magazine, TV commercials, and New York Life's website. In the case of consumers who are not already AARP members, the marketing material lists the various benefits of AARP membership and provides consumers with the opportunity to enroll for membership, and apply for insurance at the same time.

For administrative purposes, the information on the form is "boxed". The boxing of information allows New York Life flexibility as far as format and layout is concerned. Boxing also allows the same form to be used for enrollment in other similar annuity products that are available under the Program. Form GPA-IA (1) will be used with immediate annuity products and Form GPA-DA (1) with deferred annuity products. Please refer to the enclosed Explanations Of Variable. If you need additional information, please let me know.

We look forward to your early review and acceptance of this submission. Thank you for your cooperation in this matter. If additional information is needed, please contact Gina Babka. Her contact information is shown at the bottom of this letter.

Sincerely yours,

Laurie Giuliano
Assistant Secretary
New York Life Insurance and Annuity Corporation
Gina Babka
Senior Contract Consultant
Tel # (800) 595 3869, ext. 5717 (direct: 813-288-5717);
Fax # (813) 288 5773; or
E-mail address: Gina_Babka@NYLAARP.newyorklife.com

Company and Contact

Filing Contact Information

Gina Babka, Compliance Consultant Gina_Babka@NYLAARP.newyorklife.com
5505 West Cypress Street 813-288-5717 [Phone]
Tampa, FL 33607 813-288-5773 [FAX]

Filing Company Information

New York Life Insurance and Annuity CoCode: 91596 State of Domicile: Delaware

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 Corporation
 5505 West Cypress Group Code: 86 Company Type:
 Tampa, FL 33607 Group Name: State ID Number:
 (800) 595-3869 ext. 5717[Phone] FEIN Number: 13-3044743

Filing Fees

Fee Required? Yes
 Fee Amount: \$20.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
New York Life Insurance and Annuity Corporation	\$20.00	09/09/2009	30430482

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	09/14/2009	09/14/2009

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Corporation

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Disposition

Disposition Date: 09/14/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		No
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Explanation Of Variable GPA-IA (1)		Yes
Supporting Document	Explanation Of Variable GPA-DA (1)		Yes
Form	Group Immediate Annuity Enrollment Form		Yes
Form	Group Deferred Annuity Enrollment Form		Yes

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Form Schedule

Lead Form Number:

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	Form IA (1)	GPA- Enrollment Form	Application/Group Immediate Annuity Enrollment Form	Initial		0.000	GPA-IA (1) Enrollment Form.pdf
	Form DA (1)	GPA- Enrollment Form	Application/Group Deferred Annuity Enrollment Form	Initial		0.000	GPA-DA (1).pdf

MEMBER ENROLLMENT FORM

ABC LOGO

Request for Group Annuity • ABC Lifetime Income Plan with Cash Refund

New York Life Insurance and Annuity Corporation

Please reply by: MM/DD/YYYY

1. Applicant Information (Please complete in ink)

Mr. Sample C Sample
123 SP
Atlanta, GA 30303

ABC Membership No. 000000000

Date of Birth: XX/XX/XXXX

Social Security No. (Required)

- -

Telephone No.

(XXX) XXX-XXXX

Gender

Male

2. What is the amount of your annuity premium? (Check only one amount)

\$25,000 \$50,000 \$100,000 Other \$ _____ (\$5,000 minimum)

3. How would you like to pay for your annuity? (Please check one, A or B)

A. Checking/Savings (Enclose a check, payable to New York Life Insurance and Annuity Corporation)

B. Funding Through a Transfer (Please check the type of fund you will use.)

Certificate Of Deposit (Maturity Date ____/____/____)

Stocks, Mutual Funds, and/or Brokerage Accounts

Existing Annuity and/or Life Insurance Policy

Other _____

If the funds from A or B above are from a tax-deferred retirement plan, please check one below:

IRA or IRA Rollover

401(k), 403(b), 457, or pension plan

Other _____

Please continue on other side ⇒

Questions? Call **X-XXX-XXX-XXXX**

4. How would you like to receive your monthly income? (Please check one)

Income payments begin one month after your Certificate is issued.

- Check By Mail Each Month
- Automatic Direct Deposit To My Account Each Month

Please enclose a voided check for the receiving bank account.

Account # _____

5. Designate your beneficiary.

The beneficiary will receive any remaining proceeds upon your death. If more than one beneficiary is designated, proceeds will be divided equally unless you indicate a share. Please use a separate sheet of paper for additional beneficiary information or if you wish to name a secondary beneficiary.

Beneficiary Name (Please Print)	Relationship To You	% Share
Beneficiary Name (Please Print)	Relationship To You	% Share
Beneficiary Name (Please Print)	Relationship To You	% Share
Beneficiary Name (Please Print)	Relationship To You	% Share

6. Read and Sign

FOR ALL APPLICANTS:

Is the annuity applied for intended to replace, discontinue or change any existing life insurance or annuity? Yes No

I understand ABC membership is required for Program eligibility. I represent that all of the statements in this Enrollment Form are complete and true to the best of my knowledge and belief. I understand that I will be the Annuitant, Owner and Payee of this fixed immediate annuity. I have read the Important Guidelines as described in this package. **Specifically, I understand that I should not use more than 50% of the assets I have set aside for retirement to purchase this plan, excluding my home. I should also at least \$ 20,000 of savings on hand for emergencies. Further, I understand that money committed to this plan will be permanently locked into the contract, and that I will not be able to withdraw the money from the annuity except as described in this package.**

Note: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

X _____ / /
Sample A. Sample must sign (Please Do Not Print) Month/Date/Year

MEMBER ENROLLMENT FORM

ABC LOGO

Request for Group Annuity • ABC Select 5 Fixed Annuity

New York Life Insurance and Annuity Corporation

5505 West Cypress Tampa FL 33706

Please reply by: MM/DD/YYYY

[Axxxxxxx]

1. Applicant Information (Please complete in ink)

Mr. Sample C Sample
123 SP
Atlanta, GA 30303

ABC Membership No. 000000000
Date of Birth: XX/XX/XXXX

Social Security No. (Must be provided)

- -

Telephone No.

()

Gender:

Male

2. What is the amount of your annuity premium? (Check only one amount)

I wish to submit a one-time premium payment to the ABC Annuity Program

\$20,000 \$50,000 \$100,000 Other \$ _____ (\$5,000 minimum)

3. How would you like to pay for your annuity?

- CHECK/Savings (Enclosed a check, payable to New York Life Insurance and Annuity Corporation)
- Funding Through a transfer (Please check the type of fund you will use.)
 - Certificate of Deposit (Maturity Date ___/___/___)
 - Stocks, Mutual Funds, and/or Brokerage Accounts
 - Existing Annuity and/or Life Insurance Policy
 - Other _____

If the funds above are from a tax-deferred retirement plan, please check one below:

- IRA or IRA Rollover
- 401(k), 403(b), 457, or pension plan
- Other

Please continue on other side ⇒

Questions? Call 1-800-000-0000

4. **Designate your beneficiary**

The beneficiary will receive any remaining proceeds upon your death. If more than one beneficiary is designated, proceeds will be divided equally unless you indicate a share. Please use a separate sheet of paper for additional beneficiary information or if you wish to name a secondary beneficiary.

Beneficiary Name (Please Print)	Relationship To You	Share
Beneficiary Name (Please Print)	Relationship To You	Share
Beneficiary Name (Please Print)	Relationship To You	Share
Beneficiary Name (Please Print)	Relationship To You	Share

7. **Read and Sign**

FOR ALL APPLICANTS:

Is the annuity applied for intended to replace, discontinue or change any existing life insurance or annuity?
 Yes No

I understand that AARP membership is required for Program eligibility. I represent that all of the statements in this Enrollment Form are complete and true to the best of my knowledge and belief. I understand that I will be the Annuitant and Owner of this fixed deferred annuity. I understand that withdrawals may be subject to surrender charges and taxes and withdrawals before age 59 ½ may be subject to a 10% penalty. **Note:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

X _____ / /
 Sample A. Sample must sign (Please Do Not Print) Month/Date/Year

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Supporting Document Schedules

	Item Status:	Status Date:
Bypassed - Item: Flesch Certification Bypass Reason: N/A to an enrollment form filing Comments:		

	Item Status:	Status Date:
Bypassed - Item: Application Bypass Reason: under forms tab Comments:		

	Item Status:	Status Date:
Satisfied - Item: Explanation Of Variable GPA-IA (1) Comments: Attachment: GPA-DA (1) SPIA Enrollment Form Explanation of Variability.pdf		

	Item Status:	Status Date:
Satisfied - Item: Explanation Of Variable GPA-DA (1) Comments: Attachment: GPA-DA (1) SPIA Enrollment Form Explanation of Variability.pdf		

EXPLANATION OF VARIABLE: GPA-DA (1)

The wording on the form is “boxed” to accommodate substantive differences between the various coverages, and facilitate administration of the Program, as well as format and/or cosmetic changes. The sections and their headings will appear substantially as shown or they may be omitted. Below are examples of variable changes. Below are examples of variable changes.

GENERAL

1. The form may appear with a unique identifying code placed above the form code in the bottom left hand corner of the page. This code may be used to identify a specific Policyholder or Plan Type. The bottom right hand corner of the form may have an edition date to keep track of any reprints or revisions.
2. References to “below”, “above” and/or “on the reverse side” may appear to reflect the finalized format of the form;
3. No variable provision will contain any language that is not completely in compliance with the applicable statutes, rules and regulations of the state of delivery.

HEADING

1. A product description will appear and will be modified according to plan design or product name, i.e. “AARP Select 5 Fixed Annuity”
2. The Policyholder’s name, logo and address may appear as applicable.
3. Directional copy may appear above the Heading.

ANNUITANT INFORMATION

1. The Membership ID number may be deleted or replaced by another form of identification for the applicant.
4. The Social Security Number will appear as illustrated or deleted in compliance with a particular state’s privacy requirements.
3. The telephone no. may be revised. Some examples are: Home or office telephone number, day, night or work phone number. A fax number may be requested.
4. “Home and Work Email address” and “Send correspondence to” section may appear.

ANNUITY DETAILS

Questions concerning the amount of premium paid for the annuity; the type of funds used to purchase the annuity; how payment will be made; and how annuity payments will be received will appear as appropriate.

A question concerning liquid assets of the applicant may also appear.

A question concerning the election of an additional rider may appear.

A suitability question may be incorporated. The question will confirm that the product being purchased is appropriate for the applicant, given his/her financial situation.

Questions to obtain information about the Payee or the Owner may appear when the Payee or Owner is not the applicant.

BENEFICIARY DESIGNATION

The Beneficiary Designation will appear as illustrated or modified to reflect: (a) the right to retain or revoke previous beneficiary designations; and/or (b) the right to name a different beneficiary.

READ AND SIGN SECTION

A question concerning other life insurance or annuity products currently in force for the applicant may be asked.

A statement verifying that all eligibility requirements have been met and all proceeding information is true will appear.

The suitability statement may be revised. The statement will confirm that the product being purchased is appropriate for the applicant, given his/her financial situation.

FRAUD NOTICE

The Fraud Notice will appear as illustrated or may be a state specific mandated notice.

SIGNATURE BLOCK

The signature block will appear as illustrated or may be modified to provide two signatures for a joint annuity product or for an Owner if the Owner is someone other than the applicant.

EXPLANATION OF VARIABLE: GPA-DA (1)

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