

SERFF Tracking Number: NYLA-126489865 State: Arkansas  
Filing Company: New York Life Insurance and Annuity Corporation State Tracking Number: 44774  
Company Tracking Number: 210-594  
TOI: A03I Individual Annuities - Deferred Variable Sub-TOI: A03I.002 Flexible Premium  
Product Name: VAPR Application Revision for 2010  
Project Name/Number: VAPR Application Revision for 2010/210-594

## Filing at a Glance

Company: New York Life Insurance and Annuity Corporation

Product Name: VAPR Application Revision for 2010 SERFF Tr Num: NYLA-126489865 State: Arkansas

TOI: A03I Individual Annuities - Deferred Variable

SERFF Status: Closed-Approved-Closed

State Tr Num: 44774

Sub-TOI: A03I.002 Flexible Premium  
Filing Type: Form

Co Tr Num: 210-594

State Status: Approved-Closed

Reviewer(s): Linda Bird

Authors: Rina Zornetsky, Gerald DeNicola

Disposition Date: 02/16/2010

Date Submitted: 02/05/2010

Disposition Status: Approved-Closed

Implementation Date Requested:

Implementation Date:

State Filing Description:

## General Information

Project Name: VAPR Application Revision for 2010

Project Number: 210-594

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 02/16/2010

Deemer Date:

Submitted By: Gerald DeNicola

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 02/16/2010

Created By: Gerald DeNicola

Corresponding Filing Tracking Number: 210-594

Filing Description:

This filing is for four revised Flexible Premium Deferred Annuity applications.

## Company and Contact

### Filing Contact Information

SERFF Tracking Number: NYLA-126489865 State: Arkansas  
 Filing Company: New York Life Insurance and Annuity Corporation State Tracking Number: 44774  
 Company Tracking Number: 210-594  
 TOI: A03I Individual Annuities - Deferred Variable Sub-TOI: A03I.002 Flexible Premium  
 Product Name: VAPR Application Revision for 2010  
 Project Name/Number: VAPR Application Revision for 2010/210-594

Gerald DeNicola, Contract Consultant gerald\_denicola@newyorklife.com  
 1 Rockwood Road 914-846-3481 [Phone]  
 3N849  
 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? Yes  
 Fee Amount: \$200.00  
 Retaliatory? Yes  
 Fee Explanation: 4 forms x \$50 per form = \$200  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
New York Life Insurance and Annuity Corporation	\$200.00	02/05/2010	34013425

SERFF Tracking Number: NYLA-126489865 State: Arkansas  
 Filing Company: New York Life Insurance and Annuity Corporation State Tracking Number: 44774  
 Company Tracking Number: 210-594  
 TOI: A03I Individual Annuities - Deferred Variable Sub-TOI: A03I.002 Flexible Premium  
 Product Name: VAPR Application Revision for 2010  
 Project Name/Number: VAPR Application Revision for 2010/210-594

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	02/16/2010	02/16/2010

### Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Supporting Document	Data Page-208-190	Gerald DeNicola	02/05/2010	02/05/2010
Supporting Document	SOV-208-190	Gerald DeNicola	02/05/2010	02/05/2010
Supporting Document	SOV App 210-594	Gerald DeNicola	02/05/2010	02/05/2010
Supporting Document	SOV App 210-598	Gerald DeNicola	02/05/2010	02/05/2010
Supporting Document	SOV App 210-599	Gerald DeNicola	02/05/2010	02/05/2010
Supporting Document	SOV App 210-600	Gerald DeNicola	02/05/2010	02/05/2010

*SERFF Tracking Number:* NYLA-126489865      *State:* Arkansas  
*Filing Company:* New York Life Insurance and Annuity      *State Tracking Number:* 44774  
Corporation  
*Company Tracking Number:* 210-594  
*TOI:* A03I Individual Annuities - Deferred Variable      *Sub-TOI:* A03I.002 Flexible Premium  
*Product Name:* VAPR Application Revision for 2010  
*Project Name/Number:* VAPR Application Revision for 2010/210-594

## **Disposition**

Disposition Date: 02/16/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: NYLA-126489865 State: Arkansas  
 Filing Company: New York Life Insurance and Annuity Corporation State Tracking Number: 44774  
 Company Tracking Number: 210-594  
 TOI: A031 Individual Annuities - Deferred Variable Sub-TOI: A031.002 Flexible Premium  
 Product Name: VAPR Application Revision for 2010  
 Project Name/Number: VAPR Application Revision for 2010/210-594

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	No	No
Supporting Document	Application	No	No
Supporting Document	Life & Annuity - Actuarial Memo	No	No
Supporting Document	NAIC Transmittal -AR	Yes	Yes
Supporting Document	Filing Fee Transmittal-AR	Yes	Yes
Supporting Document	Cover Letter-AR	Yes	Yes
Supporting Document	Cert-compliance-AR	Yes	Yes
Supporting Document	Data Page-208-190	Yes	Yes
Supporting Document	SOV-208-190	Yes	Yes
Supporting Document	SOV App 210-594	Yes	Yes
Supporting Document	SOV App 210-598	Yes	Yes
Supporting Document	SOV App 210-599	Yes	Yes
Supporting Document	SOV App 210-600	Yes	Yes
Form	Individual Deferred Variable Annuity Application	Yes	Yes
Form	Individual Deferred Variable Annuity Application	Yes	Yes
Form	Individual Deferred Variable Annuity Application	Yes	Yes
Form	Individual Deferred Variable Annuity Application	Yes	Yes

SERFF Tracking Number: NYLA-126489865 State: Arkansas  
Filing Company: New York Life Insurance and Annuity Corporation State Tracking Number: 44774  
Company Tracking Number: 210-594  
TOI: A03I Individual Annuities - Deferred Variable Sub-TOI: A03I.002 Flexible Premium  
Product Name: VAPR Application Revision for 2010  
Project Name/Number: VAPR Application Revision for 2010/210-594

**Amendment Letter**

Submitted Date: 02/05/2010

**Comments:**

I inadvertently left out the SOVs and Data Page when I initially submitted the filing.

Thank you.

Jerry DeNicola

**Changed Items:**

**Supporting Document Schedule Item Changes:**

**User Added -Name: Data Page-208-190**

Comment:

Data Page-208-190.pdf

**User Added -Name: SOV-208-190**

Comment:

SOV-208-190.pdf

**User Added -Name: SOV App 210-594**

Comment:

SOV App 210-594.pdf

**User Added -Name: SOV App 210-598**

Comment:

SOV App 210-598.pdf

**User Added -Name: SOV App 210-599**

Comment:

SOV App 210-599.pdf

**User Added -Name: SOV App 210-600**

Comment:

SOV App 210-600.pdf

SERFF Tracking Number: NYLA-126489865 State: Arkansas  
 Filing Company: New York Life Insurance and Annuity Corporation State Tracking Number: 44774  
 Company Tracking Number: 210-594  
 TOI: A03I Individual Annuities - Deferred Variable Sub-TOI: A03I.002 Flexible Premium  
 Product Name: VAPR Application Revision for 2010  
 Project Name/Number: VAPR Application Revision for 2010/210-594

## Form Schedule

### Lead Form Number: 210-594

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	210-594	Application/Individual Deferred Enrollment Variable Annuity Form Application	Revised	Replaced Form #: 208-594 Previous Filing #:		App-Agency-210-594.pdf
	210-598	Application/Individual Deferred Enrollment Variable Annuity Form Application	Revised	Replaced Form #: 208-598 Previous Filing #:		Application-210-598.pdf
	210-599	Application/Individual Deferred Enrollment Variable Annuity Form Application	Revised	Replaced Form #: 208-599 Previous Filing #:		Application-210-599.pdf
	210-600	Application/Individual Deferred Enrollment Variable Annuity Form Application	Revised	Replaced Form #: 208-600 Previous Filing #:		Application-210-600.pdf



**APPLICATION FOR DEFERRED VARIABLE 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.)

**New York Life Premier Plus Variable Annuity (PPVA)**     **New York Life Premier Variable Annuity (PVA)**

**FOR PPVA or PVA ONLY**, you **MUST** check one box below for the M&E charge option.

M&E Charge based on: \_\_\_ Accumulation Value    \_\_\_ Adjusted Premium\*

\*Note: TSA Loans are not available if you elect the M&E charge based on Adjusted Premium.

**New York Life Flexible Premium Variable Annuity (FPVA)**     **New York Life Complete Access Variable Annuity (CAVA)\*\***    \*\*TSA Loans not available for this product.

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

**2. OWNER** Is the Owner a Grantor Trust?  Yes  No

Name (First, Middle Initial, Last, Suffix)	<input type="checkbox"/> Male	Date of Birth (mm/dd/yyyy)
	<input type="checkbox"/> Female	Social Security No. or Tax ID No.
Residence: Street    City    State    Country    Zip	Telephone No. Day: (    )    Evening: (    )	
	Relationship to Annuitant	Country of Citizenship <input type="checkbox"/> U.S. Other _____

**JOINT OWNER** (if applicable) Name (First, Middle Initial, Last, Suffix)

	<input type="checkbox"/> Male	Date of Birth (mm/dd/yyyy)
	<input type="checkbox"/> Female	
Relationship to Owner	Country of Citizenship <input type="checkbox"/> U.S. Other _____	Social Security No. or Tax ID No.

**3. ANNUITANT** If same as Owner, check here . (Otherwise, complete this section.)

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

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

<b>A. Premium Amount</b> [\$ _____ ]	<b>B. Flexible Premium (FPVA Only)</b> Check one box below: <input type="checkbox"/> Check-O-Matic (Submit Form 18492) <input type="checkbox"/> Employer Billing Arrangement (Submit Form 18483 for SEP and SIMPLE plans or Form 18600 for TSA plans) Scheduled Flexible Premium Amount \$ _____ ]
---	--

**5. BENEFICIARY(IES)** (Note: Primary and Contingent Beneficiary designations must each total 100%.) Please use Section 8 for additional Beneficiary information.  **Surviving Spouse Under Joint Spousal Ownership (For Non-Qualified plan only)** (If yes, complete below **only** for contingent beneficiaries). The Surviving Spouse 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.

Class	Name (First, Middle Initial, Last)	Relationship to Owner	Percentage (%)
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent			
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent			
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent			



**9. FRAUD AND DISCLOSURE STATEMENTS FOR THE FOLLOWING JURISDICTIONS**

**Residents of Jurisdictions other than the District of Columbia, Colorado, Massachusetts, Oklahoma, 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.

**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.

**Residents of the District of Columbia:**

**WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

**10. SIGNATURES (Read statement and sign below.)**

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 the 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 Registered Representative 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. **Benefits Based on the Performance of the Separate Accounts are Variable and are not Guaranteed as to the Dollar Amount.**

Signed at \_\_\_\_\_  
(City/State)

On \_\_\_\_\_  
(MM/DD/YYYY)

▲ Owner's Signature

▲ Joint Owner's Signature (if applicable)

▲ Annuitant's Signature (if other than Owner)

▲ Applicant's Signature (if other than Owner)

Applicant's Printed Name

▲ Agent's/ Registered Rep.'s Signature

Agent's/ Registered Rep.'s Printed Name

Agent's/ Registered Rep.'s Tel. No.

Agent's/ Registered Rep.'s Code No.

State/License No.

General Office Name/No.

▲ Lic. Resident Agent Countersignature

"Date Received" Stamp Here



Annuities

[NEW YORK LIFE PREMIER VARIABLE ANNUITY]
ANNUITY COMMENCEMENT AT [THE LATER OF AGE 90 OR 10 YEARS]
APPLICATION FOR DEFERRED VARIABLE ANNUITY 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, Middle Initial, Last, Suffix)
Male/Female
Date of Birth (mm/dd/yyyy)
Social Security No. or Tax ID No.

Residence: Street City State Zip Code Country
Telephone No.
Day: ( ) Evening: ( )
Relationship to Annuitant
Country of Citizenship
U.S. Other

JOINT OWNER (if applicable) Name (First, Middle Initial, Last, Suffix)
Male/Female
Date of Birth (mm/dd/yyyy)

Relationship to Owner
Country of Citizenship
U.S. Other
Social Security No. or Tax ID No.

2. ANNUITANT If same as Owner, check here [ ]. (Otherwise, complete this section.)

Name (First, Middle Initial, Last, Suffix)
Male/Female
Date of Birth (mm/dd/yyyy)
Social Security No. or Tax ID No.

Residence: Street City State Zip Code Country
Country of Citizenship
U.S. Other

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

[\$ ]

4. MORTALITY AND EXPENSE RISK AND ADMINISTRATIVE COSTS CHARGE (Only ONE option may be selected.)

[ ] Based on a percentage of the Accumulation Value [ ] Based on a percentage of the Adjusted Premium Payment

5. BENEFICIARY(IES) (Note: Primary and Contingent Beneficiary designations must each total 100%.) Please use Section 9 for additional Beneficiary information. [ ] Surviving Spouse Under Joint Spousal Ownership (For Non-Qualified plan only) (If yes, complete below only for contingent beneficiaries). The Surviving Spouse 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.

Table with 4 columns: Class, Name (First, Middle Initial, Last), Relationship to Owner, Percentage (%). Rows include Primary and Contingent options.

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

[ ] Non-Qualified Is this a 1035 Exchange? [ ] Yes [ ] No What is the Cost Basis? \$

[ ] IRA [ ] Roth IRA [ ] SEP IRA
Current Year Contribution Prior Year Contribution
\$ Year \$ Year
[ ] Transfer or [ ] Rollover \$

[ ] Inherited IRA Transfer Amount \$

**7. OPTIONAL RIDER(S)** These riders provide benefits for a charge that may vary. Refer to the terms described in the prospectus and in the rider(s) that will be attached to your Policy, if selected here. All riders may not be available for all jurisdictions.

**(ADBR)** Annual Death Benefit Reset     **(IPP)** Investment Protection Plan     **(EBB)** Enhanced Beneficiary Benefit

**8. 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 complete existing policy information in this section below.)**

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

**9. ADDITIONAL INFORMATION**

**10. FRAUD AND DISCLOSURE STATEMENTS FOR THE FOLLOWING JURISDICTIONS**

Residents of Jurisdictions other than the District of Columbia, Colorado, Massachusetts, Oklahoma, 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.

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.

Residents of the District of Columbia:

**WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

**11. 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 the 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 Registered Representative 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. Benefits Based on the Performance of the Separate Accounts are Variable and are not Guaranteed as to the Dollar Amount.

Signed at (City/State) \_\_\_\_\_ Dated On \_\_\_\_\_

▲ Owner's Signature \_\_\_\_\_ ▲ Joint Owner's Signature (if applicable) \_\_\_\_\_

▲ Annuitant's Signature (if other than Owner) \_\_\_\_\_ ▲ Applicant's Signature (if other than Owner) \_\_\_\_\_ Applicant's Printed Name \_\_\_\_\_

▲ Registered Rep.'s\* Signature \_\_\_\_\_ Registered Rep.'s\* Printed Name \_\_\_\_\_

( ) \_\_\_\_\_ Registered Rep.'s\* Tel. No. \_\_\_\_\_ Registered Rep.'s\* Code No. \_\_\_\_\_ Registered Rep.'s\* State/License No. \_\_\_\_\_

Broker/Dealer Name & Address \_\_\_\_\_ Broker/Dealer Telephone No. \_\_\_\_\_

\* A Registered Representative is also an insurance agent.

---

**Producer's Statement. For Registered Representative\* Use Only.**

(Not part of application)

---

Is Owner a U.S. Citizen?  Yes  No

If No, check the appropriate box:  Resident Alien  Non-Resident Alien  Other \_\_\_\_\_

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

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

If you have answered yes to either question, please submit the required replacement forms if applicable.

Is the Applicant (or Owner, if other than Applicant) an active duty Service Member of the United States Armed Forces or a dependent family member of a Service Member?  Yes  No

If yes, submit a copy of the completed Notice to Military Service Members Form provided to the Service Member or dependent family member.

Is the Owner of the Policy a Trust?  Yes  No

If yes, please attach pages of the Trust Agreement, including a copy of the title page, signature page, and any applicable trustee designation pages and amendments to the Trust.

I have used only company-approved sales material in connection with this application; and copies of all sales material used were left with the applicant.

Agent's/Representative's Signature \_\_\_\_\_ Date \_\_\_\_\_

---



Annuities

[NEW YORK LIFE PREMIER PLUS VARIABLE ANNUITY]
ANNUITY COMMENCEMENT AT [THE LATER OF AGE 90 OR 10 YEARS]
APPLICATION FOR DEFERRED VARIABLE ANNUITY 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, Middle Initial, Last, Suffix)
Male/Female
Date of Birth (mm/dd/yyyy)
Social Security No. or Tax ID No.

Residence: Street City State Zip Code Country
Telephone No.
Day: ( ) Evening: ( )
Relationship to Annuitant
Country of Citizenship
U.S. Other

JOINT OWNER (if applicable) Name (First, Middle Initial, Last, Suffix)
Male/Female
Date of Birth (mm/dd/yyyy)
Relationship to Owner
Country of Citizenship
U.S. Other
Social Security No. or Tax ID No.

2. ANNUITANT If same as Owner, check here [ ]. (Otherwise, complete this section.)

Name (First, Middle Initial, Last, Suffix)
Male/Female
Date of Birth (mm/dd/yyyy)
Social Security No. or Tax ID No.
Residence: Street City State Zip Code Country
Country of Citizenship
U.S. Other

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

[\$ ]

4. MORTALITY AND EXPENSE RISK AND ADMINISTRATIVE COSTS CHARGE (Only ONE option may be selected.)

[ ] Based on a percentage of the Accumulation Value [ ] Based on a percentage of the Adjusted Premium Payment

5. BENEFICIARY(IES) (Note: Primary and Contingent Beneficiary designations must each total 100%.) Please use Section 9 for additional Beneficiary information. [ ] Surviving Spouse Under Joint Spousal Ownership (For Non-Qualified plan only) (If yes, complete below only for contingent beneficiaries). The Surviving Spouse 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.

Table with 4 columns: Class, Name (First, Middle Initial, Last), Relationship to Owner, Percentage (%). Rows include checkboxes for Primary and Contingent beneficiaries.

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

[ ] Non-Qualified Is this a 1035 Exchange? [ ] Yes [ ] No What is the Cost Basis? \$

[ ] IRA [ ] Roth IRA [ ] SEP IRA
Current Year Contribution Prior Year Contribution
\$ Year \$ Year
[ ] Transfer or [ ] Rollover

[ ] Inherited IRA Transfer Amount \$

**7. OPTIONAL RIDER(S)** These riders provide benefits for a charge that may vary. Refer to the terms described in the prospectus and in the rider(s) that will be attached to your Policy, if selected here. All riders may not be available for all jurisdictions.

**(ADBR)** Annual Death Benefit Reset     **(IPP)** Investment Protection Plan     **(EBB)** Enhanced Beneficiary Benefit

**8. 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 complete existing policy information in this section below.)**

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

**9. ADDITIONAL INFORMATION**

**10. FRAUD AND DISCLOSURE STATEMENTS FOR THE FOLLOWING JURISDICTIONS**

Residents of Jurisdictions other than the District of Columbia, Colorado, Massachusetts, Oklahoma, 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.

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.

Residents of the District of Columbia:

**WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

**11. 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 the 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 Registered Representative 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. Benefits Based on the Performance of the Separate Accounts are Variable and are not Guaranteed as to the Dollar Amount.

Signed at (City/State) \_\_\_\_\_ Dated On \_\_\_\_\_

▲ Owner's Signature \_\_\_\_\_ ▲ Joint Owner's Signature (if applicable) \_\_\_\_\_

▲ Annuitant's Signature (if other than Owner) \_\_\_\_\_ ▲ Applicant's Signature (if other than Owner) \_\_\_\_\_ Applicant's Printed Name \_\_\_\_\_

▲ Registered Rep.'s\* Signature \_\_\_\_\_ Registered Rep.'s\* Printed Name \_\_\_\_\_

( ) \_\_\_\_\_  
Registered Rep.'s\* Tel. No.      Registered Rep.'s\* Code No.      Registered Rep.'s\* State/License No.

\_\_\_\_\_  
Broker/Dealer Name & Address      ( ) \_\_\_\_\_  
Broker/Dealer Telephone No.

\* A Registered Representative is also an insurance agent.

---

**Producer's Statement. For Registered Representative\* Use Only.**

(Not part of application)

Is Owner a U.S. Citizen?  Yes  No

If No, check the appropriate box:  Resident Alien  Non-Resident Alien  Other \_\_\_\_\_

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

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

If you have answered yes to either question, please submit the required replacement forms if applicable.

Is the Applicant (or Owner, if other than Applicant) an active duty Service Member of the United States Armed Forces or a dependent family member of a Service Member?  Yes  No

If yes, submit a copy of the completed Notice to Military Service Members Form provided to the Service Member or dependent family member.

Is the Owner of the Policy a Trust?  Yes  No

If yes, please attach pages of the Trust Agreement, including a copy of the title page, signature page, and any applicable trustee designation pages and amendments to the Trust.

I have used only company-approved sales material in connection with this application; and copies of all sales material used were left with the applicant.

Agent's/Representative's Signature \_\_\_\_\_ Date \_\_\_\_\_

---



Annuities

[NEW YORK LIFE COMPLETE ACCESS VARIABLE ANNUITY]
ANNUITY COMMENCEMENT AT [THE LATER OF AGE 90 OR 10 YEARS]
APPLICATION FOR DEFERRED VARIABLE ANNUITY 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, Middle Initial, Last, Suffix)
Male/Female
Date of Birth (mm/dd/yyyy)
Social Security No. or Tax ID No.

Residence: Street City State Zip Code Country
Telephone No.
Day: ( ) Evening: ( )
Relationship to Annuitant
Country of Citizenship
U.S. Other

JOINT OWNER (if applicable) Name (First, Middle Initial, Last, Suffix)
Male/Female
Date of Birth (mm/dd/yyyy)

Relationship to Owner
Country of Citizenship
U.S. Other
Social Security No. or Tax ID No.

2. ANNUITANT If same as Owner, check here [ ]. (Otherwise, complete this section.)

Name (First, Middle Initial, Last, Suffix)
Male/Female
Date of Birth (mm/dd/yyyy)
Social Security No. or Tax ID No.

Residence: Street City State Zip Code Country
Country of Citizenship
U.S. Other

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

[\$ ]

4. BENEFICIARY(IES) (Note: Primary and Contingent Beneficiary designations must each total 100%.) Please use Section 8 for additional Beneficiary information. [ ] Surviving Spouse Under Joint Spousal Ownership (For Non-Qualified plan only) (If yes, complete below only for contingent beneficiaries). The Surviving Spouse 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.

Table with 4 columns: Class, Name (First, Middle Initial, Last), Relationship to Owner, Percentage (%). Rows include checkboxes for Primary and Contingent beneficiaries.

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

[ ] Non-Qualified Is this a 1035 Exchange? [ ] Yes [ ] No What is the Cost Basis? \$

[ ] IRA [ ] Roth IRA Current Year Contribution Prior Year Contribution [ ] Transfer or [ ] Rollover
[ ] SEP IRA \$ Year \$ Year \$

[ ] Inherited IRA Transfer Amount \$

6. OPTIONAL RIDER(S) These riders provide benefits for a charge that may vary. Refer to the terms described in the prospectus and in the rider(s) that will be attached to your Policy, if selected here. All riders may not be available for all jurisdictions.

[ ] (ADBR) Annual Death Benefit Reset [ ] (EBB) Enhanced Beneficiary Benefit

**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 complete existing policy information in this section below.)**

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

**8. ADDITIONAL INFORMATION (Attach a separate sheet if additional space is needed.)**

**9. FRAUD AND DISCLOSURE STATEMENTS FOR THE FOLLOWING JURISDICTIONS**

**Residents of Jurisdictions other than the District of Columbia, Colorado, Massachusetts, Oklahoma, 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.

**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.

**Residents of the District of Columbia:**

**WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

**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 the 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 Registered Representative 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. **Benefits Based on the Performance of the Separate Accounts are Variable and are not Guaranteed as to the Dollar Amount.**

Signed at (City/State) \_\_\_\_\_ Dated On \_\_\_\_\_

▲ Owner's Signature \_\_\_\_\_ ▲ Joint Owner's Signature (if applicable) \_\_\_\_\_

▲ Annuitant's Signature (if other than Owner) \_\_\_\_\_ ▲ Applicant's Signature (if other than Owner) \_\_\_\_\_ Applicant's Printed Name \_\_\_\_\_

▲ Registered Rep.'s\* Signature \_\_\_\_\_ Registered Rep.'s\* Printed Name \_\_\_\_\_

Registered Rep.'s\* Tel. No. \_\_\_\_\_ Registered Rep.'s\* Code No. \_\_\_\_\_ Registered Rep.'s\* State/License No. \_\_\_\_\_

Broker/Dealer Name & Address \_\_\_\_\_ Broker/Dealer Telephone No. \_\_\_\_\_

\* A Registered Representative is also an insurance agent.

---

**Producer's Statement. For Registered Representative\* Use Only.**

(Not part of application)

Is Owner a U.S. Citizen?  Yes  No

If No, check the appropriate box:  Resident Alien  Non-Resident Alien  Other \_\_\_\_\_

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

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

If you have answered yes to either question, please submit the required replacement forms if applicable.

Is the Applicant (or Owner, if other than Applicant) an active duty Service Member of the United States Armed Forces or a dependent family member of a Service Member?  Yes  No

If yes, submit a copy of the completed Notice to Military Service Members Form provided to the Service Member or dependent family member.

Is the Owner of the Policy a Trust?  Yes  No

If yes, please attach pages of the Trust Agreement, including a copy of the title page, signature page, and any applicable trustee designation pages and amendments to the Trust.

I have used only company-approved sales material in connection with this application; and copies of all sales material used were left with the applicant.

Agent's/Representative's Signature \_\_\_\_\_ Date \_\_\_\_\_

---

SERFF Tracking Number: NYLA-126489865 State: Arkansas  
 Filing Company: New York Life Insurance and Annuity Corporation State Tracking Number: 44774  
 Company Tracking Number: 210-594  
 TOI: A03I Individual Annuities - Deferred Variable Sub-TOI: A03I.002 Flexible Premium  
 Product Name: VAPR Application Revision for 2010  
 Project Name/Number: VAPR Application Revision for 2010/210-594

## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Flesch Certification		
<b>Bypass Reason:</b> N/A		
<b>Comments:</b>		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Application		
<b>Bypass Reason:</b> N/A		
<b>Comments:</b>		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> NAIC Transmittal -AR		
<b>Comments:</b>		
<b>Attachment:</b> NAIC Transmittal -AR.pdf		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Filing Fee Transmittal-AR		
<b>Comments:</b>		
<b>Attachment:</b> Filing Fee Transmittal-AR.pdf		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Cover Letter-AR		
<b>Comments:</b>		
<b>Attachment:</b>		

SERFF Tracking Number: NYLA-126489865 State: Arkansas  
Filing Company: New York Life Insurance and Annuity Corporation State Tracking Number: 44774  
Company Tracking Number: 210-594  
TOI: A03I Individual Annuities - Deferred Variable Sub-TOI: A03I.002 Flexible Premium  
Product Name: VAPR Application Revision for 2010  
Project Name/Number: VAPR Application Revision for 2010/210-594  
Cover Letter-AR-.pdf

**Item Status:** **Status Date:**

**Satisfied - Item:** Cert-compliance-AR  
**Comments:**  
**Attachment:**  
Cert-compliance-AR.pdf

**Item Status:** **Status Date:**

**Satisfied - Item:** Data Page-208-190  
**Comments:**  
**Attachment:**  
Data Page-208-190.pdf

**Item Status:** **Status Date:**

**Satisfied - Item:** SOV-208-190  
**Comments:**  
**Attachment:**  
SOV-208-190.pdf

**Item Status:** **Status Date:**

**Satisfied - Item:** SOV App 210-594  
**Comments:**  
**Attachment:**  
SOV App 210-594.pdf

**Item Status:** **Status Date:**

**Satisfied - Item:** SOV App 210-598

SERFF Tracking Number: NYLA-126489865 State: Arkansas  
Filing Company: New York Life Insurance and Annuity Corporation State Tracking Number: 44774  
Company Tracking Number: 210-594  
TOI: A03I Individual Annuities - Deferred Variable Sub-TOI: A03I.002 Flexible Premium  
Product Name: VAPR Application Revision for 2010  
Project Name/Number: VAPR Application Revision for 2010/210-594

**Comments:**

**Attachment:**

SOV App 210-598.pdf

**Item Status:**

**Status  
Date:**

**Satisfied - Item:** SOV App 210-599

**Comments:**

**Attachment:**

SOV App 210-599.pdf

**Item Status:**

**Status  
Date:**

**Satisfied - Item:** SOV App 210-600

**Comments:**

**Attachment:**

SOV App 210-600.pdf

## Life, Accident & Health, Annuity, Credit Transmittal Document

<b>1.</b>	<b>Prepared for the State of</b>	Arkansas
-----------	----------------------------------	----------

<b>2.</b>	<b>Department Use Only</b>
	<b>State Tracking ID</b>

3.	Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #	State #
	New York Life Insurance and Annuity Corp. 1 Rockwood Road Sleepy Hollow, NY 10591	Delaware	Life	826	91596	13-3044743	

4.	Contact Name & Address	Telephone #	Fax #	E-mail Address
	Suzanne Wolf 1 Rockwood Road Sleepy Hollow, NY 10591	(914) 846-3508	(914) 846-4487	Suzanne_M._Wolf@newyorklife.com

<b>5.</b>	<b>Requested Filing Mode</b>	<input checked="" type="checkbox"/> Review & Approval <input type="checkbox"/> File & Use <input type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input type="checkbox"/> Other (please explain): _____
-----------	------------------------------	--

<b>6.</b>	<b>Company Tracking Number</b>	210-594
-----------	--------------------------------	---------

<b>7.</b>	<input checked="" type="checkbox"/> <b>New Submission</b> <input type="checkbox"/> <b>Resubmission</b>	Previous file # _____
-----------	--	-----------------------

<b>8.</b>	<b>Market</b>	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Franchise  <input type="checkbox"/> Small <input type="checkbox"/> Large <input type="checkbox"/> Small and Large  <input type="checkbox"/> Employer <input type="checkbox"/> Association <input type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____
-----------	---------------	--

<b>9.</b>	<b>Type of Insurance</b>	A03I Individual Annuities-Deferred Variable Benefit
-----------	--------------------------	---

<b>10.</b>	<b>Product Coding Matrix Filing Code</b>	A03I.002 Flexible Premium
------------	--	---------------------------

<b>11.</b>	<b>Submitted Documents</b>	<input checked="" type="checkbox"/> <b>FORMS</b> <input type="checkbox"/> Policy <input type="checkbox"/> Outline of Coverage <input type="checkbox"/> Certificate <input checked="" type="checkbox"/> Application/Enrollment <input type="checkbox"/> Rider/Endorsement <input type="checkbox"/> Advertising <input type="checkbox"/> Schedule of Benefits <input type="checkbox"/> Other  <b>Rates</b> <input type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate  <input type="checkbox"/> <b>FILING OTHER THAN FORM OR RATE:</b> Please explain: _____  <b>SUPPORTING DOCUMENTATION</b> <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Third Party Authorization <input type="checkbox"/> Association Bylaws <input type="checkbox"/> Trust Agreements <input checked="" type="checkbox"/> Statement of Variability <input checked="" type="checkbox"/> Certification <input type="checkbox"/> Actuarial Memorandum <input type="checkbox"/> Other: _____
------------	----------------------------	---

12.	<b>Filing Submission Date</b>	<b>February 5, 2010</b>	
13	<b>Filing Fee (If required)</b>	Amount <u>\$200.00</u>	Check Date <u>EFT</u>
		Retaliatory <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Check Number <u>Sent via EFT</u>
14.	<b>Date of Domiciliary Approval</b>	<b>Pending</b>	
15.	<b>Filing Description:</b>		
<p><b><u>Please see attached cover letter submitted with this SERFF filing.</u></b></p>			

16.	<b>Certification (If required)</b>		
<p>I HEREBY CERTIFY that I have reviewed the applicable filing requirements for this filing, and the filing complies with all applicable statutory and regulatory provisions for the state of Arkansas_____.</p> <p>Print Name <u>Suzanne Wolf</u> Title <u>Assistant Vice President</u></p> <p>Signature <u></u> Date: <u>2/5/2010</u></p>			

<b>17.</b>	<b>Form Filing Attachment</b>	
<b>This filing transmittal is part of company tracking number</b>		210-594
<b>This filing corresponds to rate filing company tracking number</b>		

	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
01	Deferred Variable Annuity	210-594	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Revised <input type="checkbox"/> Other _____	208-594
	Application			
02	Deferred Variable Annuity	210-598	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Revised <input type="checkbox"/> Other _____	208-598
	Application			
03	Deferred Variable Annuity	210-599	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Revised <input type="checkbox"/> Other _____	208-599
	Application			
04	Deferred Variable Annuity	210-600	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Revised <input type="checkbox"/> Other _____	208-600
	Application			
05			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
11			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
12			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	

18.		Rate Filing Attachment		
This filing transmittal is part of company tracking number				
This filing corresponds to form filing company tracking number				
Overall percentage rate indication (when applicable)				
Overall percentage rate impact for this filing		%		
	Document Name	Affected Form Numbers		Previous State Filing Number
	Description			
01			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
02			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	

LH RFA-1

**ARKANSAS  
INSURANCE  
DEPARTMENT**

**FILING FEE TRANSMITTAL FORM \*\*\***

**ATTN: LIFE & HEALTH DIVISION, ARKANSAS INSURANCE DEPARTMENT**

**Company Name :** New York Life Insurance and Annuity Corporation NAIC#: 826-91596

**Company Contact Person:** Suzanne Wolf Telephone No.: Toll Free: (800) 280-3551

<b><u>INSURANCE DEPARTMENT USE ONLY</u></b>		
ANALYST :	AMOUNT:	ROUTE SLIP:

ALL FEES ARE PER EACH INSURED, PER ANNUAL STATEMENT LINE OF BUSINESS,  
UNLESS OTHERWISE INDICATED.

FEE SCHEDULE FOR ADMITTED INSURERS

RATE/ FORM FILINGS

Life and/or Disability policy form filing and review, per each policy, contract, annuity form , per each insurer, per each filing	## x \$50= \$ #### **Retaliatory \$###.##
Life and/or Disability- Filing and review of each rate filing or loss ratio guarantee filing, per each insurer.	* ### x \$50= \$ ###.## **Retaliatory \$###.##
Life and/or Disability Policy, Contract or Annuity Forms: Filing and review of certificate, rider, endorsement or application if each is filed separately from the basic form.	* 4 x \$50= \$ 200. **Retaliatory \$50.00
Policy and contract forms, all lines, filing corrections in previously filed policy and contract forms.	* ### x \$20= \$ ###.## **Retaliatory \$###.##
Life and/or Disability: Filing and review of Insured's advertisements, per advertisement, per each insurer.	* ### x \$25= \$ ###.## **Retaliatory \$###.##

AMEND CERTIFICATE OF AUTHORITY

Review and processing of information to amend an Insurer's Certificate of Authority. \* ## x \$ 400 = \$ ###.##

Filing to amend Certificate of Authority. \*\*\* ### x \$100 = \$ ###.##

\*THESE FEES ARE PAYABLE UNDER THE NEW FEE SCHEDULE AS OUTLINED UNDER RULE AND REGULATION 57.

\*\*THESE FEES ARE PAYABLE UNDER THE OLD FEE SCHEDULE AS OUTLINED UNDER ARK. CODE ANN. 23-63-102, RETALIATORY TAX.

\*\*\*THESE FEES ARE PAYABLE AS REQUIRED IN ARK. ANN. 23-61-401.



**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 M. Wolf  
Assistant Vice President - Product Compliance  
Bus: (914) 846-3508 Fax: (914) 846-4487 Toll Free: (800) 280-3551  
E-Mail: Suzanne\_M.\_Wolf@newyorklife.com

February 5, 2010

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

**RE: NEW YORK LIFE INSURANCE AND ANNUITY CORPORATION**

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

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

Form No.: 210-594 Individual Deferred Variable Annuity Application  
210-598 Individual Deferred Variable Annuity Application  
210-599 Individual Deferred Variable Annuity Application  
210-600 Individual Deferred Variable Annuity Application

Dear Hon. Julie Benafield Bowman:

We are enclosing for your review and approval the above-referenced application forms. These four revised applications will replace application forms 208-594, 208-598, 208-599 and 208-600 that were approved by your Department on 10/22/2008. Revised application forms 210-594, 210-598, 210-599 and 210-600 will be used with all previously approved Individual Deferred Variable Annuity policies that are listed on the chart that follows this letter. These forms will be issued by New York Life Insurance and Annuity Corporation (NYLIAC).

The primary differences between the revised applications and the previously approved versions are as follows:

- 1.) The language at the top of the form regarding the Annuity Commencement was modified to state that the default Annuity Commencement will be "...At the later of age 90 or 10 years..." rather than "...at age 90...". This change is as a result of the Company's decision to increase the Maximum Issue age for policy form 208-190 from age 80 to age 85, in order

to enhance the product's marketability. Currently, the issue ages for the policy are: non-qualified plans, ages 0-80, tax-qualified plans, ages 18-80 and Inherited IRA plans, ages 0-80.

2.) For application form 210-594 the question, "Is the Owner a Grantor Trust?" was added to the Owner section in order to facilitate appropriate death benefit processing when the Owner of the policy is a Grantor Trust.

In addition, minor non-substantive revisions were also made to the format and layout of each application. Other than these changes, and the revised form numbers, no other changes were made to the applications.

### **Application Form 210-594**

Revised application form 210-594 will replace application form 208-594 and will be used with policy forms 000-190, 208-190, 208-191 and 208-192 when solicited through the company's agents.

Similar to the previously approved version, application form 210-594 does not include the "existing life insurance or annuity policies" and the "replacement" questions. These questions are included on our replacement form, form number 22190.100 which is completed with the application for all sales, whether or not a replacement is involved. This replacement form was approved by your Department on 10/10/2007.

### **Application Forms 210-598, 210-599 and 210-600**

Application forms 210-598, 210-599 and 210-600, will replace application forms 208-598, 208-599 and 208-600, respectively, when an application is used to solicit previously approved policy forms 208-190, 208-191 and 208-192, through the company's independent distribution channels.

### **Policy Data Page 208-190**

As previously discussed, we are increasing the Maximum Issue age for policy form 208-190 from age 80 to age 85, in order to enhance the product's marketability. As a result of this change, we have also revised the "Maximums" section of the Policy Data Page to indicate that "The Age for which additional Premium Payments may be made" is age 85 rather than age 80. A copy of the revised Data page is included for your information.

### **Domicile Approval Status**

Application forms 210-594, 210-598, 210-599 and 210-600 were filed with the Insurance Department of our domicile State of Delaware on 1/29/2010 and are pending approval.

These forms will be pre-printed or laser-emitted with identical language approved by the Department. The Company reserves the right to change the book-turn duplex, printing,

pagination, location of print lines and words, signature graphic, and the type of font (but not point size to less than 10) of these forms without resubmitting for approval.

We would appreciate receiving your Department's approval of the enclosed forms at your earliest convenience. If you have any questions regarding this submission, you may contact me at the phone number or e-mail address noted above.

Sincerely,

A handwritten signature in cursive script that reads "Suzanne Wolf".

Suzanne M. Wolf  
Assistant Vice President – Product Development  
SW: gd

**New York Life Insurance and Annuity Corporation**  
**Forms that will be used with application forms 210-594, 210-598, 210-599 and 210-600**  
**in the state of Arkansas**

<b>Form Number</b>	<b>Brief Description</b>	<b>Approval Date</b>
000-190	Individual Deferred Variable Annuity Contract (NVA2)	6/23/1999
208-190	Individual Deferred Variable Annuity Contract (Complete Access)	10/22/2008
208-191	Individual Deferred Variable Annuity Contract (Premier)	10/22/2008
208-192	Individual Deferred Variable Annuity Contract (Premier Plus)	10/22/2008
22190.100	Replacement Notice to be used with application 208-594	10/10/2007
Not Required	State Guaranty Association Notice	N/A
Not Required	Inquiry Notice (agency distribution)	N/A
Not Required	Inquiry Notice (bank distribution)	N/A

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

**STATE OF ARKANSAS**

**In Re: Form (s): 210-594, 210-598, 210-599 and 210-600**

I certify that the rider form contained in this filing complies with Arkansas Insurance Regulation 19.

*Suzanne Wolf*

\_\_\_\_\_  
Signature

Suzanne Wolf

\_\_\_\_\_  
Name

Assistant Vice President-Product Development

\_\_\_\_\_  
Title

February 5, 2010

Date

NEW YORK LIFE INSURANCE AND ANNUITY CORPORATION

HOME OFFICE –  
[200 Continental Drive, Suite 306]  
[NEWARK, DELAWARE 19713]

EXECUTIVE OFFICE –[51 MADISON AVENUE]  
[NEW YORK, NY 10010]

**POLICY DATA PAGE**

<b>ANNUITANT</b>	--	[JOHN DOE]	AGE: [55]	[MALE]
<b>POLICY NUMBER</b>	--	[00 000 000]		
<b>POLICY DATE</b>	--	[JANUARY 1, 2009]		
<b>OWNER</b>	--	[THE ANNUITANT]	AGE: [55]	[MALE]
<b>PLAN</b>	--	[NON-QUALIFIED]		

**ALLOCATION ALTERNATIVES AVAILABLE:**  
(See Next Page)

**PREMIUM PAYMENT:**  
Initial Premium Payment: [\$10,000]  
Initial Premium Payment Date: [January 1, 2009]

**INTEREST RATE:**  
Guaranteed Minimum Interest Rate – Fixed Account: [1.0%] (Annual Effective Rate)  
Nonforfeiture Rate: [1.70%]

**ANNUITY COMMENCEMENT DATE:** [January 1, 2044]

**DATE OF ISSUE:** [February 5, 2009]

**POLICY DATA PAGE**

(Page 2 Cont'd.)

**ALLOCATION ALTERNATIVES**

***INVESTMENT DIVISIONS***

MainStay VP Balanced  
MainStay VP Bond  
MainStay VP Capital Appreciation  
MainStay VP Cash Management  
MainStay VP Common Stock  
MainStay VP Conservative Allocation Port  
MainStay VP Convertible  
MainStay VP Developing Growth  
MainStay VP Floating Rate  
MainStay VP Government  
MainStay VP Growth Allocation Portfolio  
MainStay VP High Yield Corporate Bond  
MainStay VP ICAP Select Equity Portfolio  
MainStay VP International Equity  
MainStay VP Large Cap Growth  
MainStay VP Mid-Cap Core  
MainStay VP Mid-Cap Growth  
MainStay VP Mid-Cap Value  
MainStay VP Moderate Allocation Port  
MainStay VP Moderate Growth Allocation  
MainStay VP S&P 500 Index  
MainStay VP Small-Cap Growth  
MainStay VP Total Return

CVS Calvert Social Balanced  
Columbia Small Cap Value Fund Variable Series  
Dreyfus IP Technology Growth  
Fidelity VIP Contrafund  
Fidelity VIP Equity-Income  
Fidelity VIP Mid Cap  
Janus Aspen Series Balanced  
Janus Aspen Series Worldwide Growth  
MFS Investors Trust Series  
MFS Research Series  
MFS Utilities Series  
Neuberger Berman AMT Mid Cap Growth  
Royce Micro-Cap Portfolio – Inv Cls  
Royce Small-Cap Portfolio – Inv Cls  
T. Rowe Price Equity Income Portfolio  
Van Eck Worldwide Hard Assets  
Van Kampen UIF Emerging Markets Equity  
Victory VIF Diversified Stock

***FIXED ACCOUNT***

**DATE OF ISSUE:** [February 5, 2009]

**POLICY DATA PAGE**

(Page 2 Cont'd.)

**MINIMUMS:**

Additional Premium Payment:	\$1,000
Partial Withdrawal amount:	\$500
Accumulation Value after a Partial Withdrawal:	\$2,000
Premium Payment amount allocated to an Allocation Alternative:	\$25
Transfer amount to an Investment Division:	\$25
Transfer amount from an Investment Division:	\$500
Balance that must be maintained in an Investment Division after a transfer:	\$500
Transfer amount to or from the Fixed Account:	\$500
Balance that must be maintained in the Fixed Account after a transfer:	\$25
Traditional Dollar Cost Averaging Option transfer amount:	\$100
Accumulation Value required to elect the Traditional Dollar Cost Averaging Option:	\$2,500
Automatic Asset Reallocation Option transfer amount:	No Minimum
Variable Accumulation Value required to elect the Automatic Asset Reallocation Option:	\$2,500
Interest Sweep Option transfer amount:	No Minimum
Fixed Account Accumulation Value required to elect the Interest Sweep Option:	\$2,500

**MAXIMUMS:**

Cumulative Premium Payments:	\$1,000,000
Age for which additional Premium Payments may be made:	[ 85 ]
Percentage of each Premium Payment that may be allocated to the Fixed Account:	25%

**Transfers:**

Transfer amount, in any one Policy Year, from the Investment Divisions to the Fixed Account (including the Traditional Dollar Cost Averaging Option): \$5,000

Charge for each transfer, made to or from an Allocation Alternative, after the first twelve (12) transfers in a Policy Year: \$30

Transfers to the Fixed Account are only permitted if no transfers were made from the Fixed Account during the past six (6) months.

The sum of all transfers from the Fixed Account, including Interest Sweep Option transfers, in a Policy Year may not exceed 50% of the highest attained Fixed Account Accumulation Value on any Policy Anniversary (Policy Date if in the first Policy Year). The highest attained Fixed Account Accumulation Value will decrease by the amount of any withdrawals made from the Fixed Account, and increase by the amount of any additional Premium Payments made to the Fixed Account. When the Fixed Account Accumulation Value is zero, all previous Fixed Account anniversary values are disregarded, and the next Premium Payment to the Fixed Account will then be considered the highest attained Fixed Account Accumulation Value until a subsequent anniversary results in a higher balance.

**DATE OF ISSUE:** [February 5, 2009]

**POLICY DATA PAGE**

(Page 2 Cont'd.)

**POLICY SERVICE CHARGE:** The sum of \$40 may be deducted from the Accumulation Value on each Policy Anniversary and on the date the Policy is surrendered. However, this fee is waived if, on the Policy Anniversary or on the date of surrender, the Accumulation Value is \$100,000 or greater. The Policy Service Charge is deducted from each Allocation Alternative in proportion to its percentage of the Accumulation Value on the Policy Anniversary and on the date of surrender.

**SEPARATE ACCOUNT MORTALITY AND EXPENSE RISK AND ADMINISTRATIVE COSTS CHARGE:** [1.65%]

**RIDERS:**

**ENHANCED BENEFICIARY BENEFIT**

**ANNUAL DEATH BENEFIT RESET**

**UPROMISE**

**Please see attached rider(s) to this policy for details**

**DATE OF ISSUE:** [February 5, 2009]

## New York Life Insurance and Annuity Corporation (NYLIAC)

### Statement of Variability For Individual Deferred Variable Annuity Contract Form Number: 208-190

The following comments describe the nature and scope of the variable material denoted with brackets on the Policy Cover and Data Pages. Each heading corresponds to the headings found on the Policy Cover and Policy Data Pages. When applicable, alternate text is provided. The actual Data Pages an Owner receives will reflect only the information based on that Owner's elections at application. Any use of variability shall be administered in a uniform and non-discriminatory manner and shall not result in unfair discrimination.

**Home Office/Executive Office Addresses:** To allow for flexibility in changing this information should NYLIAC's office locations change.

**Officer Signatures:** To allow for flexibility should the corporation's officers change.

**Customer Service Phone Number:** To allow for flexibility in changing the toll-free phone number.

**Marketing Name:** To allow for flexibility in changing the marketing name of this variable annuity.

**Plan:** The Plan type will vary depending on the market segment in which the policy is issued. The Alternative Contract Plan types are:

NON-QUALIFIED

IRA

ROTH IRA

INHERITED IRA

SIMPLE IRA

SEP

TSA (NON-ERISA)

To Fund a Qualified Plan ← *This will print for Keogh and Pension plans*

#### **Premium Payment:**

**Initial Premium Payment:** The Initial Premium Payment varies by market segment. For policies issued in non-qualified markets, the Minimum Initial Premium Payment is \$10,000. For policies issued in qualified markets, the Minimum Initial Premium Payment is \$4,000. The Minimum Initial Premium Payment for policies issued in the Pension/Keogh market is \$10,000. The maximum Premium Payment in all markets is \$1,000,000.

#### **Interest Rate:**

**Guaranteed Minimum Interest Rate – Fixed Account:** The range for this rate is between and including 1% and 5%. Any change will be applicable only to new issues. The Guaranteed Minimum Interest Rate (GMIR) is guaranteed for the lifetime of the contract. 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.

**Nonforfeiture Rate:** The Nonforfeiture 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%.

- The Nonforfeiture Rate will be determined twice a year in June and December for periods beginning July 1 and January 1, respectively;
- The Nonforfeiture Rate is locked in for the life of the policy based on the rate in effect when the policy was issued.

**Allocation Alternatives:** To allow for flexibility in changing the investment divisions offered by this product.

The current investment divisions offered are:

MainStay VP Balanced  
 MainStay VP Bond  
 MainStay VP Capital Appreciation  
 MainStay VP Cash Management  
 MainStay VP Common Stock  
 MainStay VP Conservative Allocation Port  
 MainStay VP Convertible  
 MainStay VP Developing Growth  
 MainStay VP Floating Rate  
 MainStay VP Government  
 MainStay VP Growth Allocation Portfolio  
 MainStay VP High Yield Corporate Bond  
 MainStay VP ICAP Select Equity Portfolio  
 MainStay VP International Equity  
 MainStay VP Large Cap Growth  
 MainStay VP Mid-Cap Core  
 MainStay VP Mid-Cap Growth  
 MainStay VP Mid-Cap Value  
 MainStay VP Moderate Allocation Port  
 MainStay VP Moderate Growth Allocation  
 MainStay VP S&P 500 Index  
 MainStay VP Small-Cap Growth  
 MainStay VP Total Return  
 CVS Calvert Social Balanced  
 Columbia Small Cap Value Fund Variable Series  
 Dreyfus IP Technology Growth  
 Fidelity VIP Contrafund  
 Fidelity VIP Equity-Income  
 Fidelity VIP Mid Cap  
 Janus Aspen Series Balanced  
 Janus Aspen Series Worldwide Growth  
 MFS Investors Trust Series  
 MFS Research Series  
 MFS Utilities Series  
 Neuberger Berman AMT Mid Cap Growth  
 Royce Micro-Cap Portfolio – Inv Cls  
 Royce Small-Cap Portfolio – Inv Cls  
 T. Rowe Price Equity Income Portfolio  
 Van Eck Worldwide Hard Assets  
 Van Kampen UIF Emerging Markets Equity  
 Victory VIF Diversified Stock

**MAXIMUMS:**

**Age for which additional Premium Payments may be made:**

The current maximum age for which we will accept an additional Premium Payment is age 85. We have bracketed the age to allow for the flexibility of changing the maximum age for which additional premium payments may be made to comply with laws or regulations or to accommodate changes to the company's marketing initiatives and suitability standards.

**SEPARATE ACCOUNT MORTALITY AND EXPENSE RISK AND ADMINISTRATIVE COSTS CHARGE:**

This charge can be any percentage between and including 1% and 3% and is guaranteed for the life of the policy. Any changes will apply only to new issues.

**RIDERS:**

Available text entries are:

*These riders are optional and will only display if elected by the applicant.*

- Enhanced Beneficiary Benefit
- Annual Death Benefit Reset

*This rider will automatically display only on non-qualified policies and can be exercised at the option of the Owner.*

- Upromise

All other bracketed items are John Doe information.

**New York Life Insurance and Annuity Corporation (NYLIAC)**  
**Statement of Variability**  
**Application for a Deferred Variable Annuity**  
**Form: 210-594**

The following comments describe the nature and scope of the variable material denoted with brackets on the application. When applicable, ranges and/or alternate text are provided. Any use of variability shall be administered in a uniform and non-discriminatory manner and shall not result in unfair discrimination.

<b>Bracketed Information</b>	<b>Location</b>	<b>Explanation of Variability</b>
<b>EXECUTIVE OFFICE/HOME OFFICE ADDRESSES</b>	Top of form	To allow for the flexibility of changing this information should the Corporation's Executive or Home Office location change.
<b>PRODUCT MARKETING NAMES AND ABBREVIATIONS</b>	Section 1	To allow for the flexibility of changing the marketing names and their abbreviations for any one product. The current marketing names are displayed on the application.
<b>PRODUCT AVAILABILITY</b>	Section 1	To allow for the flexibility of adding subsequent product(s) and features that may be filed and approved for which we would use this application for solicitation purposes. Also, for removal of product(s) and feature(s) that we discontinue soliciting.
<b>ANNUITY COMMENCEMENT AGE</b>	Section 1	To facilitate changes to comply with federal or state laws or regulations or to accommodate changes to the company's marketing and suitability standards.
<b>PREMIUM AMOUNT</b>	Section 4	To allow for the flexibility of changing the Premium Amount used to purchase the policy. The Initial Premium Payment varies by market segment. For Policy form 208-190, the Minimum Initial Premium is \$10,000 in the Non-qualified market and \$4,000 in the Qualified markets. For Policy forms 208-191 and 208-192 the Minimum Initial Premium is \$5,000 in the Non-qualified market and \$4,000 in the Qualified markets. For all policies, the Minimum Initial Premium for Pension/Keogh is \$10,000. Premium Payments of \$1,000,000 and above are subject to prior approval by NYLIAC.
<b>FPVA INFORMATION</b>	Section 4	This information would be removed if solicitation of the New York Life Flexible Variable (FPVA) product were discontinued.
<b>PLAN TYPE AND NOTE</b>	Section 6	To facilitate changes to the plan types made available by NYLIAC and in accordance with applicable laws for tax qualified plans.

<b>OPTIONAL RIDER(S)</b>	Section 7	To facilitate adding or removing rider information when new riders are approved by your Department for use with this product, and when existing approved riders are withdrawn from use either by the company or as required by state law.
--------------------------	-----------	---

All other bracketed items are John Doe information.

**New York Life Insurance and Annuity Corporation (NYLIAC)**  
**Statement of Variability**  
**Application for a Deferred Variable Annuity**  
**Form: 210-598**

The following comments describe the nature and scope of the variable material denoted with brackets on the application. When applicable, ranges and/or alternate text are provided. Any use of variability shall be administered in a uniform and non-discriminatory manner and shall not result in unfair discrimination.

<b>Bracketed Information</b>	<b>Location</b>	<b>Explanation of Variability</b>
<b>PRODUCT MARKETING NAME</b>	Top of Form	To allow for the flexibility of adding and/or changing the marketing name.
<b>ANNUITY COMMENCEMENT AGE</b>	Top of Form	To facilitate changes to comply with federal or state laws or regulations or to accommodate changes to the company's marketing and suitability standards.
<b>EXECUTIVE OFFICE/HOME OFFICE ADDRESSES</b>	Top of form	To allow for the flexibility of changing this information should the Corporation's Executive or Home Office location change.
<b>PREMIUM AMOUNT</b>	Section 3	To allow for the flexibility of changing the Premium Amount used to purchase the policy. The Initial Premium Payment varies by market segment. The Minimum Initial Premium is \$5,000 in the Non-qualified market and \$4,000 in the Qualified markets. The Minimum Initial Premium for Pension/Keogh is \$10,000. Premium Payments of \$1,000,000 and above are subject to prior approval by NYLIAC.
<b>PLAN TYPE AND NOTE</b>	Section 6	To facilitate changes to the plan types made available by NYLIAC and in accordance with applicable laws for tax qualified plans.
<b>OPTIONAL RIDER(S)</b>	Section 7	To facilitate adding or removing rider information when new riders are approved by your Department for use with this product, and when existing approved riders are withdrawn from use either by the company or as required by state law.

All other bracketed items are John Doe information.

**New York Life Insurance and Annuity Corporation (NYLIAC)**  
**Statement of Variability**  
**Application for a Deferred Variable Annuity**  
**Form: 210-599**

The following comments describe the nature and scope of the variable material denoted with brackets on the application. When applicable, ranges and/or alternate text are provided. Any use of variability shall be administered in a uniform and non-discriminatory manner and shall not result in unfair discrimination.

<b>Bracketed Information</b>	<b>Location</b>	<b>Explanation of Variability</b>
<b>PRODUCT MARKETING NAME</b>	Top of Form	To allow for the flexibility of adding and/or changing the marketing name.
<b>ANNUITY COMMENCEMENT AGE</b>	Top of Form	To facilitate changes to comply with federal or state laws or regulations or to accommodate changes to the company's marketing and suitability standards.
<b>EXECUTIVE OFFICE/HOME OFFICE ADDRESSES</b>	Top of form	To allow for the flexibility of changing this information should the Corporation's Executive or Home Office location change.
<b>PREMIUM AMOUNT</b>	Section 3	To allow for the flexibility of changing the Premium Amount. The amount displayed is the Premium Amount used to purchase the policy. For policies issued in non-qualified markets, the Minimum Initial Premium Payment is \$5,000. For policies issued in qualified markets, the Minimum Initial Premium Payment is \$4,000. The Minimum Initial Premium Payment for policies issued in the Pension/Keogh market is \$10,000. Premium payments of \$1,000,000 and above are subject to prior approval by NYLIAC.
<b>PLAN TYPE AND NOTE</b>	Section 6	To facilitate changes to the plan types made available by NYLIAC and in accordance with applicable laws for tax qualified plans.
<b>OPTIONAL RIDER(S)</b>	Section 7	To facilitate adding or removing rider information when new riders are approved by your Department for use with this product, and when existing approved riders are withdrawn from use either by the company or as required by state law.

All other bracketed items are John Doe information.

**New York Life Insurance and Annuity Corporation (NYLIAC)**  
**Statement of Variability**  
**Application for a Deferred Variable Annuity**  
**Form: 210-600**

The following comments describe the nature and scope of the variable material denoted with brackets on the application. When applicable, ranges and/or alternate text are provided. Any use of variability shall be administered in a uniform and non-discriminatory manner and shall not result in unfair discrimination.

<b>Bracketed Information</b>	<b>Location</b>	<b>Explanation of Variability</b>
<b>PRODUCT MARKETING NAME</b>	Top of Form	To allow for the flexibility of adding and/or changing the marketing name.
<b>ANNUITY COMMENCEMENT AGE</b>	Top of Form	To facilitate changes to comply with federal or state laws or regulations or to accommodate changes to the company's marketing and suitability standards.
<b>EXECUTIVE OFFICE/HOME OFFICE ADDRESSES</b>	Top of form	To allow for the flexibility of changing this information should the Corporation's Executive or Home Office location change.
<b>PREMIUM AMOUNT</b>	Section 3	To allow for the flexibility of changing the Premium Amount used to purchase the policy. The Initial Premium Payment varies by market segment. The Minimum Initial Premium is \$10,000 in the Non-qualified market and \$4,000 in the Qualified markets. The Minimum Initial Premium for Pension/Keogh is \$10,000. Premium Payments of \$1,000,000 and above are subject to prior approval by NYLIAC.
<b>PLAN TYPE AND NOTE</b>	Section 5	To facilitate changes to the plan types made available by NYLIAC and in accordance with applicable laws for tax qualified plans.
<b>OPTIONAL RIDER(S)</b>	Section 6	To facilitate adding or removing rider information when new riders are approved by your Department for use with this product, and when existing approved riders are withdrawn from use either by the company or as required by state law.

All other bracketed items are John Doe information.