

SERFF Tracking Number: NYLC-127078356 State: Arkansas
Filing Company: New York Life Insurance and Annuity Corporation State Tracking Number: 48243
Company Tracking Number: 22969
TOI: L06I Individual Life - Variable Sub-TOI: L06I.003 Single Life - Single Premium
Product Name: 2011 Investor Profile
Project Name/Number: 2011 Investor Profile/22969

Filing at a Glance

Company: New York Life Insurance and Annuity Corporation

Product Name: 2011 Investor Profile SERFF Tr Num: NYLC-127078356 State: Arkansas
TOI: L06I Individual Life - Variable SERFF Status: Closed-Approved- State Tr Num: 48243
Closed

Sub-TOI: L06I.003 Single Life - Single Premium Co Tr Num: 22969 State Status: Approved-Closed
Filing Type: Form Reviewer(s): Linda Bird
Authors: Team Leader, Robert Williams III Disposition Date: 03/18/2011
Date Submitted: 03/14/2011 Disposition Status: Approved-Closed
Implementation Date Requested: On Approval Implementation Date:
State Filing Description:

General Information

Project Name: 2011 Investor Profile Status of Filing in Domicile:
Project Number: 22969 Date Approved in Domicile:
Requested Filing Mode: Review & Approval Domicile Status Comments:
Explanation for Combination/Other: Market Type: Individual
Submission Type: New Submission Individual Market Type:
Overall Rate Impact: Filing Status Changed: 03/18/2011
State Status Changed: 03/18/2011
Deemer Date: Created By: Robert Williams III
Submitted By: Robert Williams III Corresponding Filing Tracking Number:
Filing Description:
Re: New York Life Insurance and Annuity Corporation
Client Profile 22969
NAIC #: 82691596
FEIN #: 13-3044743

Dear Commissioner:

We are enclosing for your approval revised Client Profile Form 22969. This form is intended for use in applying for our

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Variable Universal Life Insurance policies. The revised form replaces form 22909 (5/10) which was approved by your Department on 4/5/2010 NYLC-126562160.

Product Form Number Product Name Approval Date

308-95 Flexible Single Premium Variable Universal Life Insurance Policy 2/25/2009- NYPX-125972357

308-30 Variable Universal Life Insurance Policy 12/28/2007-DOI #37206

308-150 Survivorship Variable Universal Life Insurance Policy 12/28/2007-DOI #37206

The purpose of this form is to gather information from individuals applying for the variable universal life insurance policies listed on the attached Appendix I to ascertain the suitability of this type of policy for that individual. It solicits financial information, investment objectives, experience with investing, investment time horizons and sources of funding. This form is intended to be used as a supplement to our Part I Application, form 209-501 which was approved by your Department on 2/12/2009 DOI 41519, when applications are taken for variable universal life policies.

We plan to make these changes effective as of May 1, 2011.

We look forward to receiving your Department's approval of the enclosed forms at your earliest convenience. If you have any questions regarding this submission, please call me at the following toll free number: 1-877-464-0198.

Sincerely,

Linda E. LoPinto
Corporate Vice President
Agency-Life Operations
Encl.

Company and Contact

Filing Contact Information

Robert Williams III, Contract Associate III Robert_Williams_III@nyl.com
51 Madison Avenue 212-576-3449 [Phone]
Room 606 212-447-4141 [FAX]
New York, NY 10010

Filing Company Information

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

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 Product Name: 2011 Investor Profile
 Project Name/Number: 2011 Investor Profile/22969
 51 Madison Ave Group Code: 826 Company Type: Life
 New York, NY 10010 Group Name: NYLIC State ID Number:
 (212) 576-4809 ext. [Phone] FEIN Number: 13-3044743

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? Yes
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
New York Life Insurance and Annuity Corporation	\$50.00	03/14/2011	45552849

<i>SERFF Tracking Number:</i>	<i>NYLC-127078356</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>New York Life Insurance and Annuity Corporation</i>	<i>State Tracking Number:</i>	<i>48243</i>
<i>Company Tracking Number:</i>	<i>22969</i>		
<i>TOI:</i>	<i>L06I Individual Life - Variable</i>	<i>Sub-TOI:</i>	<i>L06I.003 Single Life - Single Premium</i>
<i>Product Name:</i>	<i>2011 Investor Profile</i>		
<i>Project Name/Number:</i>	<i>2011 Investor Profile/22969</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	03/18/2011	03/18/2011

SERFF Tracking Number: NYLC-127078356 *State:* Arkansas
Filing Company: New York Life Insurance and Annuity *State Tracking Number:* 48243
Corporation
Company Tracking Number: 22969
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Product Name: 2011 Investor Profile
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Disposition

Disposition Date: 03/18/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Form Schedule

Lead Form Number: 22969

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	22969	Application/Client Profile Enrollment Form	Revised	Replaced Form #: 22909 (5/10) Previous Filing #:	0.000	22969 General 5-11.pdf

New York Life Insurance and Annuity Corporation

CLIENT PROFILE

Application Number: _____ Policy Number: _____

FINRA rules require the registered representative to have reasonable grounds for believing that this sale is suitable for the customer(s). This decision will be based on the facts disclosed by the customer after a reasonable inquiry and on other information known by the registered representative.

A. Owner Information

Owner Name _____ Date of Birth _____

SSN or TIN _____ Single Married No. of Dependents _____

Address _____ City _____ State _____ Zip _____

Home Telephone _____ Business Telephone _____ E-mail Address (optional) _____

Occupation _____ Full-Time Student Child/Dependent Homemaker Retired
(please check one if applicable)

Employer (if applicable) _____

Address of Employer _____ City _____ State _____ Zip _____

If Owner is associated with a FINRA member firm, please provide name and address of firm _____

B. Owner Financial Information *Information should be provided for the owner and the owner's spouse or domestic partner.*

1. What is your current annual income? \$ _____
Income: Include earned and unearned income from all sources, before taxes

2. What is your estimated current federal income tax bracket? 0 - 10% 11 - 20%
 21 - 30% Over 30%

3. What is your estimated current net worth? \$ _____
Net Worth is the value of your assets minus your liabilities. For purposes of this application, do not include your primary residence as an asset. Do not include mortgages on your primary residence as a liability.

4. What is your estimated current liquid net worth? \$ _____
Liquid Net Worth is your net worth minus assets that may not be easily converted to cash such as the value of real estate, personal property, automobile(s), or business interests. For purposes of this application, include only cash assets or assets easily convertible to cash. While this may include retirement assets, you should consider any applicable tax penalties or other charges, fees or restrictions before including these types of assets. (Your estimated current liquid net worth may not be higher than your estimated current net worth.)

C. Joint-Owner Information *Does not apply to Trusts or Corporations*

Joint-Owner Name _____ Date of Birth _____

SSN or TIN _____ Single Married No. of Dependents _____

Address _____ City _____ State _____ Zip _____

Home Telephone _____ Business Telephone _____ E-mail Address (optional) _____

(please check one if applicable)

Occupation _____ Full-Time Student Child/Dependent Homemaker Retired

Employer (if applicable) _____

Address of Employer _____ City _____ State _____ Zip _____

Relationship to Owner: Spouse Other _____

If the joint-owner is associated with a FINRA member firm, please provide name and address of firm _____

D. Joint-Owner Financial Information *Not required if the joint owner is the owner's spouse or domestic partner. Information should be provided for all other joint owners and the joint owner's spouse or domestic partner.*

1. What is your current annual income? \$ _____
Income: Include earned and unearned income from all sources, before taxes

2. What is your estimated current federal income tax bracket? 0 - 10% 11 - 20%
 21 - 30% Over 30%

3. What is your estimated current net worth? \$ _____
Net Worth is the value of your assets minus your liabilities. For purposes of this application, do not include your primary residence as an asset. Do not include mortgages on your primary residence as a liability.

4. What is your estimated current liquid net worth? \$ _____
Liquid Net Worth is your net worth minus assets that may not be easily converted to cash such as the value of real estate, personal property, automobile(s), or business interests. For purposes of this application, include only cash assets or assets easily convertible to cash. While this may include retirement assets, you should consider any applicable tax penalties or other charges, fees or restrictions before including these types of assets.
(Your estimated current liquid net worth may not be higher than your estimated current net worth.)

E. Investment Experience *Refer to Special Note in Section E on Instruction Page for owners age 65 or older*

What type and length of experience do you have with investments such as annuities, variable life insurance, mutual funds, stocks, bonds, and other securities? (Note: the "What Type of Investor Are You" questionnaire is required if any owner is 65 years of age or older, and indicates "None" for investment experience.)

None (less than 1 year)
 Moderate (1 to 5 years)
 Extensive (more than 5 years)

F. Time Horizon

What is the minimum number of years you plan to hold this product? _____ years

G. Source of Funds

What source of funds are you using to purchase this product? (Check all that apply)

- Checking/Savings Income Stocks/Bonds Certificates of Deposit (CD) Sale of business or property
 Death Benefit Proceeds Inheritance/Gift Life Insurance* Annuities* Mutual Funds*
 Pension or Retirement Accounts* 401(k), 403(b), TSA Other _____

*If you are using proceeds from Life Insurance, Annuities, or Mutual Funds to purchase this variable life insurance policy, or if your Pension Plan or Retirement Accounts are held in one of these products, please complete the additional details below. Using funds from existing products may subject you to certain sales or surrender charges, tax consequences, or other penalties. You may want to contact the company that issued or sold your existing product, check the prospectus or the annual statement for that product, and/or consult with your Registered Representative, tax or legal advisor to determine the impact of using your existing product as a source of funds.

Product (Select only one product per row)	Product Type (Select only one choice per row)	Issuing Company	Policy Number	Purchase Date	Estimated Net Surrender Value	Estimated Surrender Charge
<input type="checkbox"/> Life Insurance <input type="checkbox"/> Annuities	<input type="checkbox"/> Variable <input type="checkbox"/> Fixed <input type="checkbox"/> Term				\$	\$
<input type="checkbox"/> Life Insurance <input type="checkbox"/> Annuities	<input type="checkbox"/> Variable <input type="checkbox"/> Fixed <input type="checkbox"/> Term				\$	\$
<input type="checkbox"/> Life Insurance <input type="checkbox"/> Annuities	<input type="checkbox"/> Variable <input type="checkbox"/> Fixed <input type="checkbox"/> Term				\$	\$

Product	Share Class (Select only one choice per row)	Fund Family/ Issuing Company	Account Number	Most Recent Purchase Date	Estimated Net Redemption Value	Estimated Sales Charge Amount
Mutual Funds	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> No Load <input type="checkbox"/> Other				\$	\$
Mutual Funds	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> No Load <input type="checkbox"/> Other				\$	\$
Mutual Funds	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> No Load <input type="checkbox"/> Other				\$	\$

H. Variable Life Insurance Exchange/Replacement Information *(Complete this section and consider the following information ONLY if you are exchanging or replacing your existing Life Insurance policy)*

1. I am exchanging or replacing my existing Life Insurance with a new Variable Life Insurance policy for: (Check all that apply)

- Lower Premium Flexible Premium Option Higher Death Benefit Investment Options Change in Objectives
 Loan Options Rider Options Better Company Rating No Lapse Guarantee Option
 Other _____

Replacement Questions	Proposed Variable Life Insurance Policy	Existing Life Insurance Policy (1)	Existing Life Insurance Policy (2)
2. Type of Insurance?	Variable Life	<input type="checkbox"/> Whole Life <input type="checkbox"/> Universal Life <input type="checkbox"/> Variable Life <input type="checkbox"/> Indexed Life <input type="checkbox"/> Term Life <input type="checkbox"/> Other _____	<input type="checkbox"/> Whole Life <input type="checkbox"/> Universal Life <input type="checkbox"/> Variable Life <input type="checkbox"/> Indexed Life <input type="checkbox"/> Term Life <input type="checkbox"/> Other _____
3. The Annualized Premium?	\$	\$	\$
4. Total Death Benefit/Face Amount?	\$	\$	\$
5. Does your existing policy include any riders or vested benefits that you may lose by exchanging or replacing it with a new Life Insurance policy?		<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" Explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" Explain:

I. "What Type of Investor Are You?"

- Helps you, the customer, identify your investment objective by answering questions on risk tolerance and time horizon.
- Helps identify the Premium mix suitable for your objective.

This is a required questionnaire if any owner is 65 years of age or older AND indicated "None" for Investment Experience. In such cases, the questionnaire score must be used to select an Investment Objective in the applicable section of this form. This is an optional questionnaire for all other owners who may use the questionnaire score, or select a Risk Tolerance and Investment Objective that is consistent with the intended use for this product.

Instructions: Read each question and circle the number in the right hand column which best reflects your preference. Total the numbers circled for each section. Complete the score at the end of the questionnaire to determine the most appropriate investment objective for you.

Risk Tolerance

1. Which of the following investments would you feel most comfortable owning?

- a. Certificates of Deposit1
- b. U.S. Government securities or other Investment Grade Bonds2
- c. Stocks of companies in the S&P 5003
- d. Stocks of new, growth or emerging market companies.....4

2. Which of the following investments would you least like to own?

- a. Stocks of new, growth or emerging market companies.....1
- b. Stocks of companies in the S&P 5002
- c. U.S. Government securities or other Investment Grade Bonds3
- d. Certificates of Deposit.....4

3. How optimistic are you about the long-term prospects for the economy?

- a. Very pessimistic1
- b. Unsure2
- c. Somewhat optimistic3
- d. Very optimistic.....4

4. Which of the following best describes your attitude about investments outside the U.S.?

- a. I believe that investing in foreign markets involves risk.....1
- b. I believe that overseas markets provide attractive investment opportunities2

5. "If the U.S. stock portion of my portfolio were to lose 10% of its value over a one month period, consistent with the overall market, I would prefer to cut my losses and shift into a more conservative investment strategy". How do you feel about the previous statement?

- a. Strongly agree.....1
- b. Agree2
- c. Disagree3
- d. Strongly disagree4

6. Choose the answer that best describes your response to the following statement: I am comfortable with investments that will periodically decline in value if there is a potential for high returns.

- a. Strongly disagree1
- b. Disagree2
- c. Agree3
- d. Strongly agree4

Risk Tolerance Total

Investment Objectives

1. Which of the following best describes your investment objective for this purchase?

- a. Preserving principal and generating a moderate amount of income1
- b. Generating a high amount of income2
- c. Generating some income and increasing my assets over an extended time frame.....3
- d. Increasing my assets substantially over an extended time frame4

2. What do you expect your standard of living to be 10 years from now as compared to your standard of living today?

- a. Lower than it is today1
- b. The same as it is today2
- c. Somewhat higher than it is today3
- d. Substantially greater than it is today4

3. Ten years from today, you expect the value of your purchase to be:

- a. The same as it is today1
- b. Somewhat more than it is today.....2
- c. Greater than it is today3
- d. Substantially greater than it is today4

Investment Objectives Total

Investment Time Horizon

1. What is your age?

- a. 56 and over.....1
- b. 46-552
- c. 36-453
- d. 18-354

2. What is your primary financial goal for this purchase?

- a. Wealth preservation1
- b. Retirement planning.....2
- c. Wealth accumulation3

3. What is the time frame for you to achieve your financial goal for this purchase?

- a. 0-4 years.....1
- b. 5 to 14 years.....2
- c. 15 years or more3

Investment Time Horizon Total

Totals

The total for each Questionnaire Section is weighted (multiplied) by a number that represents the overall importance of that section when determining your Investment Objective.

1. Multiply each total by its weighted factor.
2. Add the subtotals to determine your Total Score.

Risk Tolerance Total _____ **X 3 =** _____

Investment Objective Total _____ **X 2 =** _____

Investment Time Horizon Total _____ **X 1 =** _____

TOTAL SCORE =

Reference Table

Total Score	Investment Objective	
27 - 51	A	Income with Capital Preservation
40 - 70	B	Income with Moderate Growth
61 - 86	C	Growth with Income
72 - 97	D	Growth
84 - 100	E	Aggressive Growth

Match your total score with one of the investment objective listed on the next page. You will notice that there is some overlap in the Total Score ranges. If your score falls within an overlap, please examine each applicable objective to determine which best represents your needs.

J. Risk Tolerance/Investment Objective

- If any owner is 65 years of age or older AND indicated “None” for Investment Experience, the questionnaire score from Section I must be used to select an Investment Objective in the applicable section below.
- All other owners may use the questionnaire score, or choose to select a Risk Tolerance and Investment Objective that is consistent with the intended use for this product.

Risk Tolerance *(Do not complete if using the Total Score from the questionnaire)*

Instructions: If you are not using the questionnaire score answer the following question:
“How would you classify your tolerance for market risk and loss of principal?”

	Investment Objectives Corresponding to Risk Tolerance
<input type="checkbox"/> Conservative (Prefer little risk and low volatility in return for accepting potentially lower returns. Minimizing exposure of principal to loss or fluctuation is very important)	A only
<input type="checkbox"/> Moderately Conservative (Willing to take some risk to seek enhanced returns. Reduced exposure of principal to loss or fluctuation is important)	A or B only
<input type="checkbox"/> Moderate (Willing to assume an average amount of market risk and volatility or loss of principal to achieve higher returns)	A or B or C only
<input type="checkbox"/> Moderately Aggressive (Willing to assume an above average amount of risk and volatility or loss of principal to take advantage of potentially higher return opportunities)	A or B or C or D only
<input type="checkbox"/> Aggressive (Willing to sustain substantial volatility or loss of principal and assume a high level of risk in pursuing higher returns)	A or B or C or D or E

Investment Objective

Instructions: Choose one Investment Objective below that matches either your questionnaire score or your Risk Tolerance chosen above. Consult the Reference Table in Section I to match your score to your Investment Objective. If you choose a Risk Tolerance, match it correctly to your Investment Objective below.

	*Sample Investment Allocation	
	● High/Highest Risk	○ Low/Moderate Risk
<input type="checkbox"/> A. Income with Capital Preservation (Score 27 – 51) (Any Risk Tolerance) For the investor who seeks investment stability and liquidity with a primary portfolio objective to preserve capital while providing income. Fluctuations in the values of portfolios of this type are usually minimal. <i>No premium may be allocated to investment divisions classified as high and/or highest risk if the investor has a Conservative risk tolerance or if the questionnaire score is between 27 and 39. No more than 20% of the premium may be allocated to investment divisions classified as high and/or highest risk for all other investors.</i>		
<input type="checkbox"/> B. Income with Moderate Growth (Score 40 – 70) (Moderately Conservative, Moderate, Moderately Aggressive, or Aggressive Risk Tolerance) For the investor who seeks current income and modest long-term growth, with a slightly higher risk tolerance than the investor in the income with capital preservation category. Primary portfolio objective is current income. Fluctuations in the values of portfolios of this type may occur from year to year. <i>No more than 30% of the premium may be allocated to investment divisions classified as high and/or highest risk if the investor has a Moderately Conservative risk tolerance or if the questionnaire score is between 40 and 60. No more than 40% of the premium may be allocated to investment divisions classified as high and/or highest risk for all other investors.</i>		
<input type="checkbox"/> C. Growth with Income (Score 61 – 86) (Moderate, Moderately Aggressive, or Aggressive Risk Tolerance) For the investor who seeks relatively stable long-term growth with a low level of income and has a moderate risk tolerance. Primary portfolio objective is to achieve steady long-term growth. Fluctuations in the values of portfolios of this type are usually less than those of the overall stock markets. <i>No more than 50% of the premium may be allocated to investment divisions classified as high and/or highest risk if the investor has a Moderate risk tolerance or if the questionnaire score is between 61 and 71. No more than 60% of the premium may be allocated to investment divisions classified as high and/or highest risk for all other investors.</i>		
<input type="checkbox"/> D. Growth (Score 72 – 97) (Moderately Aggressive or Aggressive Risk Tolerance) For the investor who seeks capital appreciation. Primary portfolio objective is above-average capital appreciation. Fluctuations in the values of portfolios of this type are usually the same as those of the overall stock markets. <i>No more than 80% of the premium may be allocated to investment divisions classified as high and/or highest risk.</i>		
<input type="checkbox"/> E. Aggressive Growth (Score 84 – 100) (Aggressive Risk Tolerance only) For the investor who seeks maximum capital appreciation. Primary portfolio objective is aggressive capital appreciation. Fluctuations in the values of portfolios of this type are substantial from year to year and are more than the overall stock markets. <i>Up to 100% of the premium may be allocated to investment divisions classified as high and/or highest risk.</i>		

*Sample Investment Allocations Based on Investment Objective and Risk Tolerance. The investment allocation pie charts shown are to illustrate the maximum amount that may be allocated to investment divisions classified as High and/or Highest risk. All investments involve risk, including the potential to lose some or all of your original investment.