

SERFF Tracking Number: NYLA-127364453 State: Arkansas
Filing Company: New York Life Insurance and Annuity Corporation State Tracking Number: 49787
Company Tracking Number: 211-A113
TOI: A02.11 Individual Annuities- Deferred Non- Variable and Variable Sub-TOI: A02.11.003 Single Premium
Product Name: Applications for Fixed Hybrid Deferred Annuities
Project Name/Number: Applications for Fixed Hybrid Deferred Annuities/211-A113

Filing at a Glance

Company: New York Life Insurance and Annuity Corporation

Product Name: Applications for Fixed Hybrid Deferred Annuities SERFF Tr Num: NYLA-127364453 State: Arkansas

TOI: A02.11 Individual Annuities- Deferred Non- Variable and Variable SERFF Status: Closed-Approved- Closed State Tr Num: 49787

Sub-TOI: A02.11.003 Single Premium Co Tr Num: 211-A113 State Status: Approved-Closed
Filing Type: Form Reviewer(s): Linda Bird

Authors: Rosanna Castaldi, Rina Zornetsky, Francine Levy

Date Submitted: 09/14/2011 Disposition Date: 09/20/2011
Disposition Status: Approved-Closed

Implementation Date Requested:

Implementation Date:

State Filing Description:

General Information

Project Name: Applications for Fixed Hybrid Deferred Annuities

Project Number: 211-A113

Requested Filing Mode:

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Deemer Date:

Submitted By: Francine Levy

Filing Description:

This filing consists of five new single premium individual deferred fixed annuity applications.

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Individual Market Type:

Filing Status Changed: 09/20/2011

State Status Changed: 09/20/2011

Created By: Rosanna Castaldi

Corresponding Filing Tracking Number:

Company and Contact

Filing Contact Information

Rosanna Castaldi, Contract Consultant

Rosanna_Castaldi@newyorklife.com

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 Product Name: Applications for Fixed Hybrid Deferred Annuities
 Project Name/Number: Applications for Fixed Hybrid Deferred Annuities/211-A113
 1 Rockwood Road 914-846-3105 [Phone]
 3N844 914-846-4133 [FAX]
 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: \$250.00
 Retaliatory? Yes
 Fee Explanation: \$50 per application. \$50 x 5 applications equals \$250.00
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
New York Life Insurance and Annuity Corporation	\$250.00	09/14/2011	51587647

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	09/20/2011	09/20/2011

SERFF Tracking Number: NYLA-127364453 *State:* Arkansas
Filing Company: New York Life Insurance and Annuity *State Tracking Number:* 49787
Corporation
Company Tracking Number: 211-A113
TOI: A02.11 Individual Annuities- Deferred Non- *Sub-TOI:* A02.11.003 Single Premium
Variable and Variable
Product Name: Applications for Fixed Hybrid Deferred Annuities
Project Name/Number: Applications for Fixed Hybrid Deferred Annuities/211-A113

Disposition

Disposition Date: 09/20/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Yes	Yes
Supporting Document	Application	No	No
Supporting Document	Life & Annuity - Acturial Memo	No	No
Supporting Document	Certificate of Compliance	Yes	Yes
Supporting Document	Cover Letter	Yes	Yes
Supporting Document	Statement of Variability	Yes	Yes
Form	Applications for Fixed Deferred Annuities 2011	Yes	Yes
Form	Applications for Fixed Deferred Annuities 2011	Yes	Yes
Form	Applications for Fixed Deferred Annuities 2011	Yes	Yes
Form	Applications for Fixed Deferred Annuities 2011	Yes	Yes
Form	Applications for Fixed Deferred Annuities 2011	Yes	Yes

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Form Schedule

Lead Form Number: 211-A113

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	211-A113	Application/ Enrollment Form	Applications for Fixed Deferred Annuities 2011	Initial			Application-211-A113.pdf
	211-A114	Application/ Enrollment Form	Applications for Fixed Deferred Annuities 2011	Initial			Application 211-A114.pdf
	211-A115	Application/ Enrollment Form	Applications for Fixed Deferred Annuities 2011	Initial			Application 211-A115.pdf
	211-A117	Application/ Enrollment Form	Applications for Fixed Deferred Annuities 2011	Initial			Application 211-A117.pdf
	211-A118	Application/ Enrollment Form	Applications for Fixed Deferred Annuities 2011	Initial			Application 211-A118.pdf



**APPLICATION FOR
INDIVIDUAL DEFERRED FIXED ANNUITIES and/or
INDIVIDUAL SINGLE PREMIUM UNIVERSAL LIFE INSURANCE**

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. ANNUITY PRODUCT SELECTION (Choose **ONE** annuity product shown below and the applicable Initial Interest Rate Guarantee Period/Surrender Charge Period. Read the **IMPORTANT NOTICE** below, if applicable to the product chosen, and initial where indicated. All products may not be available in all jurisdictions.) Please complete Sections 3 – 7.

<input type="checkbox"/> New York Life Select Guarantee Fixed Annuity <input checked="" type="checkbox"/> New York Life Preferred Choice Fixed Annuity**	Initial Interest Rate Guarantee Period: (Check One Box) <input checked="" type="checkbox"/> 1 Year <input type="checkbox"/> 3 Years Surrender Charge Period*: (Check One Box) <input checked="" type="checkbox"/> 6 Years <input type="checkbox"/> 7 Years <input type="checkbox"/> 8 Years *The longer the Surrender Charge Period, the higher the interest rate credited during your Initial Interest Rate Guarantee Period.
<input type="checkbox"/> New York Life Secure Term Fixed Annuity <input type="checkbox"/> New York Life Secure Term Choice Fixed Annuity** <input type="checkbox"/> New York Life Secure Term MVA Fixed Annuity***	Initial Interest Rate Guarantee Period with Surrender Charge Period: (Check One Box) <input type="checkbox"/> 5 Yrs. with 5-Yr. Surrender Charge Period <input type="checkbox"/> 6 Yrs. with 6-Yr. Surrender Charge Period <input type="checkbox"/> 7 Yrs. with 7-Yr. Surrender Charge Period <input type="checkbox"/> 8 Yrs. with 8-Yr. Surrender Charge Period
<input type="checkbox"/> New York Life Flexible Premium Fixed Annuity (FPFA)	

IMPORTANT NOTICE

The Owner (and Joint Owner, if any) **MUST** read and initial where indicated, if the product has been selected above:

**** For the NEW YORK LIFE PREFERRED CHOICE FIXED ANNUITY or the NEW YORK LIFE SECURE TERM CHOICE FIXED ANNUITY:**

I/WE UNDERSTAND THAT I/WE MAY RECEIVE LESS THAN THE PREMIUM PAYMENT UPON SURRENDER OF THE POLICY.

JD
 Owner's Initials Jt. Owner's Initials (if any)

*****For the NEW YORK LIFE SECURE TERM MVA FIXED ANNUITY:**

I/WE UNDERSTAND THAT THE POLICY'S ACCUMULATION VALUE OR AMOUNTS RECEIVED AS A RESULT OF ANY PARTIAL WITHDRAWALS OR FULL SURRENDER TAKEN DURING THE SURRENDER CHARGE PERIOD, MAY BE INCREASED OR DECREASED BY THE APPLICATION OF A MARKET VALUE ADJUSTMENT. THERE IS NO GUARANTEE THAT I/WE WILL RECEIVE BACK THE FULL PREMIUM PAID.

 Owner's Initials Jt. Owner's Initials (if any)

Annuity Commencement Date At [The Later Of Age 90 Or 10 Years.]

2. LIFE INSURANCE PRODUCT SELECTION

I would like to apply for NYLIAC Instant Legacy Single Premium Universal Life Insurance (SPUL). Please complete Sections 3, and 8-14. Please note that if "Yes" is answered in Section 8 for Questions C or D, or any condition listed in Question E, this product may not be selected. *Other life insurance products may be available to you. Consult with your New York Life Agent for details.*

3. PARTIES TO THE APPLICATION

A. OWNER INFORMATION

Individual **Trust** **Corporation** **Partnership** **Charitable Organization** **Guardianship** **UTMA/UGMA**

First Name John	Middle J.	Last Name Doe	Suffix	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (mm/dd/yyyy) 04/01/1956
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Mailing Address (If mailing address is different from residence address or P.O. Box, provide residence address below.)

Street or P.O. Box 100 Main Street	City Anywhere	State DE	Country USA	Zip 11111
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Residence: Street	City	State	Country	Zip	Daytime Phone Number (111)222-3333	Evening Phone Number (111)222-3334
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<input checked="" type="checkbox"/> Social Security No. or <input type="checkbox"/> Tax I.D. No. <input type="checkbox"/> Exempt <input type="checkbox"/> Applied for 111-11-1111	Email Address JohnJDoe@aanywhere.com
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Country of Citizenship USA	Country of Birth USA	State of Birth DE	How Long Living in the USA? <input type="checkbox"/> Since Birth or _____ Years _____ Months
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Immigration Visa or Work Authorization: (If other than a US citizen) Type _____ Number _____	Expiration Month _____ Year _____	Occupation
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A. OWNER INFORMATION (continued)

Employer Name: Street City State Country Zip Relationship to Proposed Insured Relationship to Annuitant **Self**
If Trust: Name of Trust Date of Trust (mm/dd/yyyy) State Where Trust Established
Name of Trustee(s) Relationship of Trustee(s) to Proposed Insured/Annuitant
Trust Beneficiary(ies) Relationship of Trust Beneficiary(ies) to Proposed Insured/Annuitant

Is the trust a grantor trust? Yes No If "Yes" and the grantor is an individual: Grantor's Name (First, Middle, Last, Suffix)

JOINT OWNER INFORMATION (if applicable) If Trust, provide same trust details requested in Section 3A, in the Additional Details Section 15.

Individual Trust Other

First Name Middle Last Name Suffix Male Female Date of Birth (mm/dd/yyyy)
Residence: Street City State Country Zip Daytime Phone Number Evening Phone Number
 Social Security No. or Tax I.D. No. Exempt Applied for

Country of Citizenship Country of Birth State of Birth How Long Living in the USA? Since Birth or ____ Years ____ Months
Immigration Visa or Work Authorization: (If other than a US citizen) Expiration Occupation
Type Number Month Year
Employer Name: Street City State Country Zip Relationship to Proposed Insured Relationship to Owner

B. ANNUITANT INFORMATION (for Deferred Fixed Annuities Only) If same as Owner, check here . (Otherwise, complete this section.)

First Name Middle Last Name Suffix Male Female Date of Birth (mm/dd/yyyy)
Residence: Street City State Country Zip Daytime Phone Number Evening Phone Number
 Social Security No. or Tax I.D. No. Exempt Applied for

Country of Citizenship Country of Birth State of Birth How Long Living in the USA? Since Birth or ____ Years ____ Months
Immigration Visa or Work Authorization: (If other than a US citizen) Expiration Occupation
Type Number Month Year
Employer Name: Street City State Country Zip Relationship to Owner

C. PROPOSED INSURED INFORMATION (for Single Premium Universal Life Insurance Only)

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

First Name Middle Last Name Suffix Male Female Date of Birth (mm/dd/yyyy)
Residence: Street City State Country Zip Daytime Phone Number Evening Phone Number
 Social Security No. or Tax I.D. No. Exempt Applied for

Country of Citizenship Country of Birth State of Birth How Long Living in the USA? Since Birth or ____ Years ____ Months
Immigration Visa or Work Authorization: (If other than a US citizen) Expiration Occupation
Type Number Month Year
Employer Name: Street City State Country Zip

D. APPLICANT INFORMATION Same as Owner Annuitant Proposed Insured (Otherwise, complete this section.)

Name (First, Middle, Last, Suffix) Date of Birth (mm/dd/yyyy) Male Female SSN or Tax I.D. No. Exempt Applied for
Residence (Street, City, State, Country, Zip Code) Relationship to Proposed Insured/Annuitant



E. PAYER INFORMATION Same as Owner Annuitant Proposed Insured Applicant
(Otherwise, complete this section.)

Name (First, Middle, Last, Suffix) _____ Date of Birth (mm/dd/yyyy) Male Female SSN or Tax I.D. No. Exempt Applied for
Residence (Street, City, State, Country, Zip Code) _____ Relationship to Proposed Insured/Annuitant _____
Relationship to Owner (if other than Proposed Insured/Annuitant) _____

F. SECONDARY ADDRESSEE - Owner may designate a secondary addressee to receive notice of potential lapse of coverage.
Applies only to Single Premium Universal Life.

Name (First, Middle, Last, Suffix) _____ Residence (Street, City, State, Country, Zip Code) _____

Please complete Sections 4-7 when applying for a Deferred Fixed Annuity.

4. ANNUITY BENEFICIARY(IES)

- If more than one Beneficiary is named, indicate the class and percentage for each. Each class for each product must total 100%.
- If applicable, use Section 15, "Additional Details," to provide additional Beneficiary information.

Deferred Fixed Annuity Beneficiaries

- Surviving Spouse Under Joint Spousal Ownership (For Non-Qualified plan only)** (If selected, 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.
- Trust** (Provide details in Section 15)
- UTMA/UGMA** (Provide details in Section 15)

Class
 Primary Jane J. Doe 100 % Spouse
Name (First, Middle, Last, Suffix) _____ Percentage _____ Relationship to Owner _____
Date of Birth (mm/dd/yyyy): 04 / 01 / 1957 Social Security No. or Tax I.D. No.: 111-11-1112
 Primary _____ % _____
 Contingent Name (First, Middle, Last, Suffix) _____ Percentage _____ Relationship to Owner _____
Date of Birth (mm/dd/yyyy): _____ / _____ / _____ Social Security No. or Tax I.D. No.: _____

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

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

6. ANNUITY PREMIUM (If applicable, attach check payable to NYLIAC.)

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

Flexible Premium (FPFA Only)
Initial Premium \$ _____
Planned Premium \$ _____
(If Planned Premium, check one box below and complete required form.)
 Check-O-Matic Employer Billing Arrangement _____

7. ANNUITY OPTIONAL RIDER(S) - A charge may apply to the rider(s) you elect below.

The rider(s) may not be available in all jurisdictions, and may not be available for all plans and/or products in all jurisdictions.
 (EBB) Enhanced Beneficiary Benefit]



Please complete Sections 8 – 14 if you are applying for NYLIAC Instant Legacy SPUL.

8. MEDICAL AND PERSONAL INFORMATION (NYLIAC Instant Legacy SPUL only)

- A. Has the Proposed Insured used tobacco, nicotine, or any nicotine substitution product in any form in the last twelve (12) months?
B. In the last 90 days, has the Proposed Insured been recommended by a physician or other medical practitioner to undergo diagnostic procedures or tests for any symptoms, illnesses or other conditions?
C. In the last two (2) years, has the Proposed Insured been admitted to a hospital or other medical facility for a medical illness or major surgical procedure?
D. In the last five (5) years, has the Proposed Insured been diagnosed by a member of the medical profession or tested positive for Human Immunodeficiency Virus (AIDS virus) or Acquired Immune Deficiency Syndrome (AIDS)?
E. In the last five (5) years, has the Proposed Insured been diagnosed, treated, tested positive for or been given medical advice by a member of the medical profession for any of the conditions below?

Table with 2 columns of medical conditions and checkboxes for Yes/No. Conditions include heart attack, stroke, diabetes, cancer, chronic bronchitis, pancreatitis, anemia, psychiatric conditions, drug abuse, weight loss, and muscular dystrophy.

9. LIFE INSURANCE BENEFICIARY(IES)

Universal Life Insurance Beneficiaries (if applicable)

- Same as Annuity Beneficiary(ies)
Trust (Provide details in Section 15)
UTMA/UGMA (Provide details in Section 15)

Form for naming beneficiaries with fields for Name, Percentage, Relationship to Owner, and Date of Birth. Includes checkboxes for Primary and Contingent beneficiaries.

10. LIFE INSURANCE PREMIUM ALLOCATION

Face Amount: \$ Premium: \$ Premium Paid: \$ (Optional. If paid, must be equal to full premium.)

11. SALES INTERVIEW

In which language and dialect(s) was the sales interview conducted? Language: Dialect(s):
If a language other than English, who acted as interpreter? Agent Other: Name Relationship to Proposed Insured/Annuitant

12. OTHER LIFE COVERAGE (Details of Other Coverage on Proposed Insured)

Table with columns: None, In Force, Pending, Company, Amount, Personal Business. Includes checkboxes for each status.

What is the total amount of above pending coverage that will be placed in all companies? \$

Use Section 15 for Additional Information.



13. FINANCIAL INFORMATION

	Proposed Insured	Owner if not Proposed Insured
Current Annual Earned Income		
Current Annual Unearned Income		
Current Net Worth		

14. LIFE INSURANCE ILLUSTRATION

Do not complete this section if a signed illustration is not required by law or an illustration was signed and matches the policy applied for.

I, the Applicant, did not sign an illustration because:

- An illustration was not shown or given to me
- An illustration was shown or given to me, but the policy applied for is different from the illustration
- An illustration was shown to me on a screen. The displayed illustration matches the policy applied for, but no printed copy of the illustration was furnished.

The illustration on the screen included the following personal and policy information:

Proposed Insured: _____ Age: _____ Gender: Male Female

Type of Policy: _____ Initial Death Benefit: \$ _____ Rating/Class: _____

I acknowledge that I did not sign an illustration for the reason stated above and I understand that an illustration matching the policy as issued will be provided for signature no later than at the time the policy is delivered.

15. ADDITIONAL DETAILS - Check the appropriate box(es) below and provide specific details in the lines below.

- No Driver's License Diagnostic Procedure or Test Within 90 Days Additional Beneficiary Information Trust is a Beneficiary
- UTMA/UGMA Joint Owner Information Successor Owner Reinstatement Special Processing Instructions Other

FRAUD WARNING

Residents of Jurisdictions other than the District of Columbia:

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. Penalties may include imprisonment, fines, or a denial of insurance benefits if a person provides false information.

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.

STATEMENT OF AGREEMENT

Those Persons Who Sign This Application Agree That:

1. All of the statements and answers to questions which are part of the application are correctly recorded, and are complete and true to the best of the knowledge and belief of those persons who made them. Answers that are not true and complete may, subject to the policy's contestability provision, invalidate coverage.
2. No agent or medical examiner has any right to accept risks, make or change contracts, or give up NYLIAC's rights or requirements.
3. For life insurance,
 - a. "Cash Paid" with the application with respect to a new policy or additional benefit, provides a limited amount of temporary coverage for up to 90 days, if the terms and conditions of the Temporary Coverage Agreement are met.
 - b. The policy date is the date from which premiums are calculated and become due. The effective date is the date the policy is delivered and the first premium is paid. Unless temporary coverage is obtained, coverage does not begin until the effective date. If the policy date is earlier than the effective date of coverage, the policyowner pays a premium calculated beginning on that earlier policy date although coverage does not begin until the effective date. If no temporary coverage is obtained, the date that the policy is issued will be the policy date. It is further agreed and understood that interest will not be credited on the policy until the premium is received by the service office.
 - c. The Applicant has received and read a copy of the Accelerated Benefits For Terminal Illness Disclosure. Receipt of accelerated death benefits may affect eligibility for public assistance programs and may be taxable; as with all tax matters, a personal tax advisor should be consulted.
4. For annuities, the policy will not become effective unless it is delivered to the Owner while the Owner and Annuitant are living.



TAX CERTIFICATION

Under penalties of perjury, I (as the Owner named in Section 3) certify that: (1) the Social Security or Employer ID Number shown in this application is my correct taxpayer identification number, or I am awaiting a number to be issued to me (noted as "applied for" in Section 3) AND (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding; or (b) I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest or dividends; or (c) the IRS has notified me that I am no longer subject to backup withholding (Cross out item 2 if the IRS has notified you that you are subject to backup withholding) and (3) I am a U.S. person (including a U.S. resident Alien).

ACKNOWLEDGEMENT AND AUTHORIZATION (Applies only to Single Premium Universal Life Insurance)

ACKNOWLEDGEMENT

I, the Proposed Insured, have been given a copy of "Information Practices Related to Underwriting Your Application" which tells how NYLIAC obtains and uses data about me. It includes the notice required by the State and Federal Fair Credit Reporting Acts and a description of MIB, Inc. (Medical Information Bureau). I know that my application cannot be processed if I do not sign the Authorization below.

AUTHORIZATION

In this Authorization, "I", "my" and "me" mean the Proposed Insured; "the Insurer" means NYLIAC and its respective agents, employees, and representatives. In order to see if (and on what basis) I qualify for the insurance applied for or any other insurance offered by NYLIAC, I authorize the following:

MEDICAL INFORMATION: Physicians or practitioners; hospitals; medical or medically related facilities; pharmacies, pharmacy benefit managers or medical information retrieval services; laboratories; insurance companies; or MIB may give to the Insurer (or any consumer reporting agency acting on its behalf) and to any of its reinsurers, at my request, copies of the record or other data that they may have about my physical and mental health, and my prescription drug history. This includes all protected health information and any health information I have previously requested be withheld from further disclosure, and including my history, their findings, diagnoses and treatment. Mental health professionals may provide their records of my diagnosis, functional status, treatment plan, symptoms, prognosis, progress to date, medication prescription and monitoring, and clinical test results.

OTHER UNDERWRITING INFORMATION: MIB, other insurance companies, and consumer reporting agencies may give to the Insurer and to any of its reinsurers data about my: driving record; any criminal activity or association; hazardous sport or aviation activity; use of alcohol or drugs; any claim of eligibility for disability income benefits; other applications for life insurance; and other policies of life insurance.

EXAMINATIONS AND TESTS: The Insurer may obtain physical examinations or medical tests deemed necessary to underwrite my application. These tests (where permitted by law) may include, but are not limited to, electrocardiograms, chest x-rays and tests of blood and urine to determine, among other things, exposure to causative agents of disease (for example, exposure to the AIDS virus) and the presence of drugs. However, a separate notification/authorization form will be provided with respect to testing for the AIDS virus.

INVESTIGATIVE CONSUMER REPORT: The Insurer may obtain an investigative consumer report and may give the consumer reporting agency information concerning the amount and type of my coverage and my use, if any, of tobacco. The report may add to or confirm the types of data mentioned above. It may also contain data about: my identity; age; residence; marital status; past and present jobs (including work duties); economic conditions; driving record; personal and business reputation in the community; and mode of living; but will not include any information relating directly or indirectly to sexual orientation.

IDENTIFICATION: To obtain the data described above, the Insurer may give my name, address, and date and place of birth to the above persons or organizations.

RELEASE OF INFORMATION TO OTHERS: The Insurer may give data about me that affects my insurability to: its subsidiaries; its affiliates; its parent company; its agents and their staffs; its reinsurers; and the Insurer and its reinsurers may give such data to MIB, including data about any life insurance policy(ies) the Insurer issues on me. However, this will not be done in connection with information relating to the AIDS virus.

I also authorize the release of these same types of data about any of my children who are to be insured. This Authorization may be used for a period of 24 months from the date signed below unless sooner revoked. I may revoke this Authorization at anytime by notifying the Insurer in writing. This revocation will not be effective to the extent the Insurer or any other person already has disclosed or collected information or taken other action in reliance on it. The information the Insurer obtains through this Authorization may become subject to further disclosure. For example, the Insurer may be required to provide it to an insurance regulatory or other government agency. In this case, the information may no longer be protected by the rules governing this Authorization. A photocopy of this Authorization and request form shall be as valid as the original. I know that I may request a copy of this Authorization. (Please provide a copy to me. _____ initial if requested).

The Internal Revenue Service Does Not Require Your Consent To Any Provision Of This Document Other Than The Certifications Required To Avoid Backup Withholding.

SIGNATURES

By signing below, I/We understand that I/We acknowledge and agree to all of the statements, representations, and disclosures made in this application, including sections entitled Statement of Agreement, Illustration (if applicable), Tax Certification, and Acknowledgment and Authorization (if applicable). I/We accept and adopt as true all statements made by the Proposed Insured/Annuitant in this application.

_____ Signed at **Anywhere, DE** On **09/01/2011**
Signature of the Annuitant (City, State) (mm/dd/yyyy)

_____ Title if signed on behalf of Corporation, Trust, etc.
Signature of the Proposed Insured

_____ _____
Signature of the Owner if Other than the Proposed Insured/Annuitant Signature of the Joint Owner, if applicable

Signature of the Applicant if Other than Proposed Insured/Annuitant or Owner

I Certify that I have truly and accurately recorded all answers given to me and if life insurance is being applied for, that I was present at the time this application was taken.

_____ _____
Signature of Agent/Witness Countersigned by Licensed Resident Agent (if required)

Signature of Agent/Witness Countersigned Code Number

George Agent (111) 111-1111
Agent's Name (print) Agent's Tel. No.

12345 **DE-54321** **General Office #111**
Agent Code State License No. General Office Name/No.



APPLICATION FOR
Individual Single Premium Deferred Fixed Annuity
[New York Life Secure Term Choice Annuity II]

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]

ANNUITY COMMENCEMENT DATE AT [THE LATER OF AGE 90 OR 10 YEARS]

Please print or type

Section 1		OWNER			
FIRST NAME (If Non-Living Entity, include TRUST/CORP. NAME)		MIDDLE	LAST NAME	SUFFIX	
John		J.	Doe		
DATE OF BIRTH (MM/DD/YYYY)	SOCIAL SECURITY OR TAX I.D. NUMBER		<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		
04/01/1956	111-11-1111				
COUNTRY OF CITIZENSHIP	RELATIONSHIP TO ANNUITANT				
<input checked="" type="checkbox"/> U.S. <input type="checkbox"/> Other:	<input checked="" type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Other:				
DAYTIME PHONE NUMBER		EVENING PHONE NUMBER			
(111) 222-3333		(111) 222-3334			
MAILING ADDRESS (If mailing address is different than residence address or P.O. Box, please provide residence address below.)					
STREET OR P.O. BOX		CITY	STATE	ZIP CODE	
100 Main Street		Anywhere	DE	11111	
RESIDENCE ADDRESS					
STREET		CITY	STATE	ZIP CODE	
Section 2		JOINT OWNER			
FIRST NAME		MIDDLE	LAST NAME	SUFFIX	
DATE OF BIRTH (MM/DD/YYYY)	SOCIAL SECURITY OR TAX I.D. NUMBER		<input type="checkbox"/> Male <input type="checkbox"/> Female		
COUNTRY OF CITIZENSHIP	RELATIONSHIP TO OWNER				
<input type="checkbox"/> U.S. <input type="checkbox"/> Other:	<input type="checkbox"/> Spouse <input type="checkbox"/> Other:				
DAYTIME PHONE NUMBER		EVENING PHONE NUMBER			
MAILING ADDRESS (If mailing address is different than residence address or P.O. Box, please provide residence address below.)					
STREET OR P.O. BOX		CITY	STATE	ZIP CODE	
RESIDENCE ADDRESS					
STREET		CITY	STATE	ZIP CODE	
Section 3		ANNUITANT			
FIRST NAME		MIDDLE	LAST NAME	SUFFIX	
DATE OF BIRTH (MM/DD/YYYY)	SOCIAL SECURITY OR TAX I.D. NUMBER				
COUNTRY OF CITIZENSHIP	<input type="checkbox"/> Male <input type="checkbox"/> Female				
<input type="checkbox"/> U.S. <input type="checkbox"/> Other:					
DAYTIME PHONE NUMBER		EVENING PHONE NUMBER			
RESIDENCE ADDRESS (Required)					
STREET		CITY	STATE	ZIP CODE	
Section 4		ANNUITY PREMIUM AMOUNT			
Premium Amount: \$ <u>5,000</u>		(Indicate total estimated amount including cash with application and anticipated transfer/exchange amount. If paying by check directly to New York Life, make payable to NYLIAC.)			
Section 5		INITIAL INTEREST RATE GUARANTEE PERIOD AND SURRENDER CHARGE PERIOD SELECTION			
Choose ONE Initial Interest Rate Guarantee Period/Surrender Charge Period below.					
<input checked="" type="checkbox"/> 5 Years with 5-Year Surrender Charge Period <input type="checkbox"/> 6 Years with 6-Year Surrender Charge Period <input type="checkbox"/> 7 Years with 7-Year Surrender Charge Period					

Section 6 **BENEFICIARY(IES)**
Note: Primary and Contingent designations must each total 100%.
If no percentage(s) are provided, benefits will be divided equally. Please use Section 10 to enter additional Beneficiary information. 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.

Surviving Spouse Under Joint Spousal Ownership (For Non-Qualified plan only)
 (If you select this option, complete below only for contingent Beneficiaries.)

PRIMARY BENEFICIARY'S FULL NAME/ENTITY NAME Jane J. Doe	RELATIONSHIP TO OWNER Spouse	
SOCIAL SECURITY NUMBER OR TAX I.D. NUMBER 111-11-1112	DATE OF BIRTH (MM/DD/YYYY) 04/01/1957	PERCENTAGE 100 %
PRIMARY BENEFICIARY'S FULL NAME/ENTITY NAME	RELATIONSHIP TO OWNER	
SOCIAL SECURITY NUMBER OR TAX I.D. NUMBER	DATE OF BIRTH (MM/DD/YYYY)	PERCENTAGE %
CONTINGENT BENEFICIARY'S FULL NAME/ENTITY NAME	RELATIONSHIP TO OWNER	
SOCIAL SECURITY NUMBER OR TAX I.D. NUMBER	DATE OF BIRTH (MM/DD/YYYY)	PERCENTAGE %
CONTINGENT BENEFICIARY'S FULL NAME/ENTITY NAME	RELATIONSHIP TO OWNER	
SOCIAL SECURITY NUMBER OR TAX I.D. NUMBER	DATE OF BIRTH (MM/DD/YYYY)	PERCENTAGE %

Section 7 **ANNUITY PLAN TYPE**
Choose ONE plan and complete the appropriate section and, if applicable, the transfer/exchange form.

<input checked="" type="checkbox"/> NON-QUALIFIED	Is this a 1035 Exchange? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	What is the Cost Basis? \$ _____
<input type="checkbox"/> Traditional IRA	<u>Current Year Contribution</u> <u>Prior Year Contribution</u>	<input type="checkbox"/> Transfer or <input type="checkbox"/> Rollover
<input type="checkbox"/> SEP IRA	\$ _____ Year _____ \$ _____ Year _____	\$ _____
<input type="checkbox"/> Roth IRA		
<input type="checkbox"/> Inherited IRA	<input type="checkbox"/> Transfer \$ _____	

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

Section 8 **OPTIONAL RIDER(S)**
A charge may apply to the rider(s) you elect below. The rider(s) may not be available with all plans and in all jurisdictions.

(EBB) Enhanced Beneficiary Benefit]

Section 9 **REPLACEMENT INFORMATION**
If you answer "Yes" to A or B, provide policy information below. Please use Section 10 to include information if more than two policies are being replaced.

A) Is the policy applied for a replacement of a life insurance or annuity policy?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B) Do you have any existing life insurance or annuity policies?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Company Name – Policy Number – Estimated Cash Value – Cost Basis (for Non-qualified Policies)	1035 Exchange: <input type="checkbox"/> Yes <input type="checkbox"/> No
Company Name – Policy Number – Estimated Cash Value – Cost Basis (for Non-qualified Policies)	1035 Exchange: <input type="checkbox"/> Yes <input type="checkbox"/> No

Section 10**ADDITIONAL INFORMATION**
Attach a separate sheet if additional space is needed.**Section 11****FRAUD AND DISCLOSURE STATEMENTS****Residents of jurisdictions other than the District of Columbia:**

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. Penalties may include imprisonment, fines, or a denial of insurance benefits if a person provides false information.

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.

Section 12**SIGNATURES AND TAX CERTIFICATION**

Read statement and Sign below.

I/We agree that:

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

I/WE UNDERSTAND THAT I/WE MAY RECEIVE LESS THAN THE PREMIUM PAYMENT UPON SURRENDER OF THIS POLICY.

Signed at (City/State)	Anywhere, DE	Dated On (MM/DD/YYYY)	09/01/2011
			
▲ Applicant's Signature (Owner)		▲ Joint Owner's Signature (if applicable)	
			
▲ Annuitant's Signature (if other than Owner)			

211-A114**SPECIMEN**

**This section is not part of the application; however, it must be completed
(For Representative/Agent use only. Signature Required)**

PRODUCER STATEMENT:	
1. Is Owner a U.S. Citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No If "No", check the appropriate box: <input type="checkbox"/> Resident Alien <input type="checkbox"/> Non-Resident Alien <input type="checkbox"/> Other
2. Is this a replacement of a life insurance or annuity policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Does the Applicant have any existing life insurance or annuity policies?	<input type="checkbox"/> Yes <input type="checkbox"/> No If you have answered "Yes" to either question #2 or #3 of the Producer's Statement, please complete and submit the required replacement forms.
4. Is the Owner of the Policy a Trust?	<input type="checkbox"/> Yes <input type="checkbox"/> No If you have answered "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.

All of the answers to questions and statements in the application are true to the best of the knowledge and belief of those who made and recorded them. 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.

		Date / /		
▲ Representative's/Agent's Signature		(MM/ DD /YYYY)		
Representative's/Agent's Name		Tel. No.		
State License No.		NYLIAC Code No.		
Firm/Agency Name		Firm/Agency Tel. No.		
Firm/Agency Address	Street	City	State	Zip Code

(01/2012)



APPLICATION FOR

Individual Single Premium Deferred Fixed Annuity

[New York Life Secure Term Choice Annuity III]

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]

ANNUITY COMMENCEMENT DATE NO LATER THAN [AGE 95]

Please print or type

Section 1		OWNER			
FIRST NAME (If Non-Living Entity, include TRUST/CORP. NAME) John		MIDDLE J.	LAST NAME Doe	SUFFIX	
DATE OF BIRTH (MM/DD/YYYY) 04/01/1956		SOCIAL SECURITY OR TAX I.D. NUMBER 111-11-1111		<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	
COUNTRY OF CITIZENSHIP <input checked="" type="checkbox"/> U.S. <input type="checkbox"/> Other:		RELATIONSHIP TO ANNUITANT <input checked="" type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Other:			
DAYTIME PHONE NUMBER (111) 222-3333		EVENING PHONE NUMBER (111) 222-3334			
MAILING ADDRESS (If mailing address is different than residence address or P.O. Box, please provide residence address below.)					
STREET OR P.O. BOX 100 Main Street		CITY Anywhere	STATE DE	ZIP CODE 11111	
RESIDENCE ADDRESS					
STREET		CITY	STATE	ZIP CODE	
Section 2		JOINT OWNER			
FIRST NAME		MIDDLE	LAST NAME	SUFFIX	
DATE OF BIRTH (MM/DD/YYYY)		SOCIAL SECURITY OR TAX I.D. NUMBER		<input type="checkbox"/> Male <input type="checkbox"/> Female	
COUNTRY OF CITIZENSHIP <input type="checkbox"/> U.S. <input type="checkbox"/> Other:		RELATIONSHIP TO OWNER <input type="checkbox"/> Spouse <input type="checkbox"/> Other:			
DAYTIME PHONE NUMBER		EVENING PHONE NUMBER			
MAILING ADDRESS (If mailing address is different than residence address or P.O. Box, please provide residence address below.)					
STREET OR P.O. BOX		CITY	STATE	ZIP CODE	
RESIDENCE ADDRESS					
STREET		CITY	STATE	ZIP CODE	
Section 3		ANNUITANT			
FIRST NAME		MIDDLE	LAST NAME	SUFFIX	
DATE OF BIRTH (MM/DD/YYYY)		SOCIAL SECURITY OR TAX I.D. NUMBER			
COUNTRY OF CITIZENSHIP <input type="checkbox"/> U.S. <input type="checkbox"/> Other:		<input type="checkbox"/> Male <input type="checkbox"/> Female			
DAYTIME PHONE NUMBER		EVENING PHONE NUMBER			
RESIDENCE ADDRESS (Required)					
STREET		CITY	STATE	ZIP CODE	
Section 4		ANNUITY PREMIUM AMOUNT			
Premium Amount: \$ <u>[5,000]</u>		(Indicate total estimated amount including cash with application and anticipated transfer/exchange amount. If paying by check directly to New York Life, make payable to NYLIAC.)			
Section 5		INITIAL INTEREST RATE GUARANTEE PERIOD AND SURRENDER CHARGE PERIOD SELECTION			
Choose ONE Initial Interest Rate Guarantee Period/Surrender Charge Period below.					
<input checked="" type="checkbox"/> 5 Years with 5-Year Surrender Charge Period <input type="checkbox"/> 6 Years with 6-Year Surrender Charge Period <input type="checkbox"/> 7 Years with 7-Year Surrender Charge Period					

Section 6

BENEFICIARY(IES)

Note: Primary and Contingent designations must each total 100%.
If no percentage(s) are provided, benefits will be divided equally. Please use Section 10 to enter additional Beneficiary information. 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.

Surviving Spouse Under Joint Spousal Ownership (For Non-Qualified plan only)
(If you select this option, complete below only for contingent Beneficiaries.)

PRIMARY BENEFICIARY'S FULL NAME/ENTITY NAME Jane J. Doe	RELATIONSHIP TO OWNER Spouse	
SOCIAL SECURITY NUMBER OR TAX I.D. NUMBER 111-11-1112	DATE OF BIRTH (MM/DD/YYYY) 04/01/1957	PERCENTAGE 100 %
PRIMARY BENEFICIARY'S FULL NAME/ENTITY NAME	RELATIONSHIP TO OWNER	
SOCIAL SECURITY NUMBER OR TAX I.D. NUMBER	DATE OF BIRTH (MM/DD/YYYY)	PERCENTAGE %
CONTINGENT BENEFICIARY'S FULL NAME/ENTITY NAME	RELATIONSHIP TO OWNER	
SOCIAL SECURITY NUMBER OR TAX I.D. NUMBER	DATE OF BIRTH (MM/DD/YYYY)	PERCENTAGE %
CONTINGENT BENEFICIARY'S FULL NAME/ENTITY NAME	RELATIONSHIP TO OWNER	
SOCIAL SECURITY NUMBER OR TAX I.D. NUMBER	DATE OF BIRTH (MM/DD/YYYY)	PERCENTAGE %

Section 7

ANNUITY PLAN TYPE

Choose ONE plan and complete the appropriate section and, if applicable, the transfer/exchange form.

<input checked="" type="checkbox"/> NON-QUALIFIED	Is this a 1035 Exchange? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		What is the Cost Basis? \$ _____
<input type="checkbox"/> Traditional IRA	<u>Current Year Contribution</u>	<u>Prior Year Contribution</u>	<input type="checkbox"/> Transfer or <input type="checkbox"/> Rollover
<input type="checkbox"/> SEP IRA	\$ _____ Year _____	\$ _____ Year _____	\$ _____
<input type="checkbox"/> Roth IRA			
<input type="checkbox"/> Inherited IRA	<input type="checkbox"/> Transfer \$ _____		

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

Section 8

OPTIONAL RIDER(S)

A charge may apply to the rider(s) you elect below. The rider(s) may not be available with all plans and in all jurisdictions.

[NONE AVAILABLE]

Section 9

REPLACEMENT INFORMATION

If you answer "Yes" to A or B, provide policy information below. Please use Section 10 to include information if more than two policies are being replaced.

A) Is the policy applied for a replacement of a life insurance or annuity policy?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B) Do you have any existing life insurance or annuity policies?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Company Name – Policy Number – Estimated Cash Value – Cost Basis (for Non-qualified Policies)	1035 Exchange: <input type="checkbox"/> Yes <input type="checkbox"/> No
Company Name – Policy Number – Estimated Cash Value – Cost Basis (for Non-qualified Policies)	1035 Exchange: <input type="checkbox"/> Yes <input type="checkbox"/> No

Section 10**ADDITIONAL INFORMATION**
Attach a separate sheet if additional space is needed.**Section 11****FRAUD AND DISCLOSURE STATEMENTS****Residents of jurisdictions other than the District of Columbia:**

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. Penalties may include imprisonment, fines, or a denial of insurance benefits if a person provides false information.

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.

Section 12**SIGNATURES AND TAX CERTIFICATION**

Read statement and Sign below.

I/We agree that:

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

I/WE UNDERSTAND THAT I/WE MAY RECEIVE LESS THAN THE PREMIUM PAYMENT UPON SURRENDER OF THIS POLICY.

Signed at (City/State)	Anywhere, DE	Dated On (MM/DD/YYYY)	09/01/2011
			
▲ Applicant's Signature (Owner)		▲ Joint Owner's Signature (if applicable)	
			
▲ Annuitant's Signature (if other than Owner)			

211-A115**SPECIMEN**

**This section is not part of the application; however, it must be completed
(For Representative/Agent use only. Signature Required)**

PRODUCER STATEMENT:	
1. Is Owner a U.S. Citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No If "No", check the appropriate box: <input type="checkbox"/> Resident Alien <input type="checkbox"/> Non-Resident Alien <input type="checkbox"/> Other _____
2. Is this a replacement of a life insurance or annuity policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Does the Applicant have any existing life insurance or annuity policies?	<input type="checkbox"/> Yes <input type="checkbox"/> No If you have answered "Yes" to either question #2 or #3 of the Producer's Statement, please complete and submit the required replacement forms.
4. Is the Owner of the Policy a Trust?	<input type="checkbox"/> Yes <input type="checkbox"/> No If you have answered "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.
All of the answers to questions and statements in the application are true to the best of the knowledge and belief of those who made and recorded them. 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.	

		Date / /	
▲ Representative's/Agent's Signature		(MM/ DD /YYYY)	
Representative's/Agent's Name		Tel. No	
State License No.		NYLIAC Code No.	
Firm/Agency Name		Firm/Agency Tel. No.	
Firm/Agency Address	Street	City	State Zip Code

(01/2012)



APPLICATION FOR
Individual Single Premium Deferred Fixed Annuity
[New York Life Preferred Choice Annuity II]

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]

ANNUITY COMMENCEMENT DATE AT [THE LATER OF AGE 90 OR 10 YEARS]

Please print or type

Section 1		OWNER			
FIRST NAME (If Non-Living Entity, include TRUST/CORP. NAME) John		MIDDLE J.	LAST NAME Doe	SUFFIX	
DATE OF BIRTH (MM/DD/YYYY) 04/01/1956		SOCIAL SECURITY OR TAX I.D. NUMBER 111-11-1111		<input type="checkbox"/> Male <input type="checkbox"/> Female	
COUNTRY OF CITIZENSHIP <input checked="" type="checkbox"/> U.S. <input type="checkbox"/> Other:		RELATIONSHIP TO ANNUITANT <input checked="" type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Other:			
DAYTIME PHONE NUMBER (111) 222-3333		EVENING PHONE NUMBER (111) 222-3334			
MAILING ADDRESS (If mailing address is different than residence address or P.O. Box, please provide residence address below.)					
STREET OR P.O. BOX 100 Main Street		CITY Anywhere	STATE DE	ZIP CODE DE	
RESIDENCE ADDRESS					
STREET		CITY	STATE	ZIP CODE	

Section 2		JOINT OWNER			
FIRST NAME		MIDDLE	LAST NAME	SUFFIX	
DATE OF BIRTH (MM/DD/YYYY)		SOCIAL SECURITY OR TAX I.D. NUMBER		<input type="checkbox"/> Male <input type="checkbox"/> Female	
COUNTRY OF CITIZENSHIP <input type="checkbox"/> U.S. <input type="checkbox"/> Other:		RELATIONSHIP TO OWNER <input type="checkbox"/> Spouse <input type="checkbox"/> Other:			
DAYTIME PHONE NUMBER		EVENING PHONE NUMBER			
MAILING ADDRESS (If mailing address is different than residence address or P.O. Box, please provide residence address below.)					
STREET OR P.O. BOX		CITY	STATE	ZIP CODE	
RESIDENCE ADDRESS					
STREET		CITY	STATE	ZIP CODE	

Section 3		ANNUITANT			
FIRST NAME		MIDDLE	LAST NAME	SUFFIX	
DATE OF BIRTH (MM/DD/YYYY)		SOCIAL SECURITY OR TAX I.D. NUMBER			
COUNTRY OF CITIZENSHIP <input type="checkbox"/> U.S. <input type="checkbox"/> Other:		<input type="checkbox"/> Male <input type="checkbox"/> Female			
DAYTIME PHONE NUMBER		EVENING PHONE NUMBER			
RESIDENCE ADDRESS (Required)					
STREET		CITY	STATE	ZIP CODE	

Section 4		ANNUITY PREMIUM AMOUNT			
Premium Amount: \$ [5,000]		(Indicate total estimated amount including cash with application and anticipated transfer/exchange amount. If paying by check directly to New York Life, make payable to NYLIAC.)			

Section 5		INITIAL INTEREST RATE GUARANTEE PERIOD AND SURRENDER CHARGE PERIOD SELECTION			
Initial Interest Rate Guarantee Period: Choose ONE below.		Surrender Charge Period: Choose ONE below.			
<input checked="" type="checkbox"/> 1 Year Period <input type="checkbox"/> 3 Year Period		<input checked="" type="checkbox"/> 6 Years <input type="checkbox"/> 7 Years			
The longer the Surrender Charge Period, the higher the interest rate credited during your Initial Interest Rate Guarantee Period.					

Section 6 **BENEFICIARY(IES)**
Note: Primary and Contingent designations must each total 100%.
If no percentage(s) are provided, benefits will be divided equally. Please use Section 10 to enter additional Beneficiary information. 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.

Surviving Spouse Under Joint Spousal Ownership (For Non-Qualified plan only)
 (If you select this option, complete below only for contingent Beneficiaries.)

PRIMARY BENEFICIARY'S FULL NAME/ENTITY NAME Jane J. Doe	RELATIONSHIP TO OWNER Spouse	
SOCIAL SECURITY NUMBER OR TAX I.D. NUMBER 111-11-1112	DATE OF BIRTH (MM/DD/YYYY) 04/01/1957	PERCENTAGE 100 %
PRIMARY BENEFICIARY'S FULL NAME/ENTITY NAME	RELATIONSHIP TO OWNER	
SOCIAL SECURITY NUMBER OR TAX I.D. NUMBER	DATE OF BIRTH (MM/DD/YYYY)	PERCENTAGE %
CONTINGENT BENEFICIARY'S FULL NAME/ENTITY NAME	RELATIONSHIP TO OWNER	
SOCIAL SECURITY NUMBER OR TAX I.D. NUMBER	DATE OF BIRTH (MM/DD/YYYY)	PERCENTAGE %
CONTINGENT BENEFICIARY'S FULL NAME/ENTITY NAME	RELATIONSHIP TO OWNER	
SOCIAL SECURITY NUMBER OR TAX I.D. NUMBER	DATE OF BIRTH (MM/DD/YYYY)	PERCENTAGE %

Section 7 **ANNUITY PLAN TYPE**
Choose ONE plan and complete the appropriate section and, if applicable, the transfer/exchange form.

<input checked="" type="checkbox"/> NON-QUALIFIED	Is this a 1035 Exchange? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		What is the Cost Basis? \$ _____
<input type="checkbox"/> Traditional IRA	<u>Current Year Contribution</u>	<u>Prior Year Contribution</u>	<input type="checkbox"/> Transfer or <input type="checkbox"/> Rollover
<input type="checkbox"/> SEP IRA	\$ _____ Year _____	\$ _____ Year _____	\$ _____
<input type="checkbox"/> Roth IRA			
<input type="checkbox"/> Inherited IRA	<input type="checkbox"/> Transfer \$ _____		

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

Section 8 **OPTIONAL RIDER(S)**
A charge may apply to the rider(s) you elect below. The rider(s) may not be available with all plans and in all jurisdictions.

(EBB) Enhanced Beneficiary Benefit]

Section 9 **REPLACEMENT INFORMATION**
If you answer "Yes" to A or B, provide policy information below. Please use Section 10 to include information if more than two policies are being replaced.

A) Is the policy applied for a replacement of a life insurance or annuity policy?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B) Do you have any existing life insurance or annuity policies?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Company Name – Policy Number – Estimated Cash Value – Cost Basis (for Non-qualified Policies)	1035 Exchange: <input type="checkbox"/> Yes <input type="checkbox"/> No
Company Name – Policy Number – Estimated Cash Value – Cost Basis (for Non-qualified Policies)	1035 Exchange: <input type="checkbox"/> Yes <input type="checkbox"/> No

Section 10**ADDITIONAL INFORMATION**
Attach a separate sheet if additional space is needed.**Section 11****FRAUD AND DISCLOSURE STATEMENTS****Residents of jurisdictions other than the District of Columbia:**

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. Penalties may include imprisonment, fines, or a denial of insurance benefits if a person provides false information.

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.

Section 12**SIGNATURES AND TAX CERTIFICATION**

Read statement and Sign below.

I/We agree that:

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

I/WE UNDERSTAND THAT I/WE MAY RECEIVE LESS THAN THE PREMIUM PAYMENT UPON SURRENDER OF THIS POLICY.

Signed at (City/State)	Anywhere, DE	Dated On (MM/DD/YYYY)	09/01/2011
			
▲ Applicant's Signature (Owner)		▲ Joint Owner's Signature (if applicable)	
			
▲ Annuitant's Signature (if other than Owner)			

211-A117**SPECIMEN**

**This section is not part of the application; however, it must be completed
(For Representative/Agent use only. Signature Required)**

PRODUCER STATEMENT:	
1. Is Owner a U.S. Citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No If "No", check the appropriate box: <input type="checkbox"/> Resident Alien <input type="checkbox"/> Non-Resident Alien <input type="checkbox"/> Other _____
2. Is this a replacement of a life insurance or annuity policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Does the Applicant have any existing life insurance or annuity policies?	<input type="checkbox"/> Yes <input type="checkbox"/> No If you have answered "Yes" to either question #2 or #3 of the Producer's Statement, please complete and submit the required replacement forms.
4. Is the Owner of the Policy a Trust?	<input type="checkbox"/> Yes <input type="checkbox"/> No If you have answered "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.

All of the answers to questions and statements in the application are true to the best of the knowledge and belief of those who made and recorded them. 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.

		Date / /		
▲ Representative's/Agent's Signature		(MM/ DD /YYYY)		
Representative's/Agent's Name		Tel. No.		
State License No.		NYLIAC Code No.		
Firm/Agency Name		Firm/Agency Tel. No.		
Firm/Agency Address	Street	City	State	Zip Code

(01/2012)



APPLICATION FOR
Individual Single Premium Deferred Fixed Annuity
[New York Life Preferred Choice Annuity III]

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]

ANNUITY COMMENCEMENT DATE NO LATER THAN [AGE 95]

Please print or type

Section 1		OWNER	
FIRST NAME (If Non-Living Entity, include TRUST/CORP. NAME) John	MIDDLE J.	LAST NAME Doe	SUFFIX
DATE OF BIRTH (MM/DD/YYYY) 04/01/1956	SOCIAL SECURITY OR TAX I.D. NUMBER 111-11-1111	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	
COUNTRY OF CITIZENSHIP <input checked="" type="checkbox"/> U.S. <input type="checkbox"/> Other:	RELATIONSHIP TO ANNUITANT <input checked="" type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Other:		
DAYTIME PHONE NUMBER (111) 222-3333	EVENING PHONE NUMBER (111) 222-3334		
MAILING ADDRESS (If mailing address is different than residence address or P.O. Box, please provide residence address below.)			
STREET OR P.O. BOX 100 Main Street	CITY Anywhere	STATE DE	ZIP CODE 11111
RESIDENCE ADDRESS			
STREET	CITY	STATE	ZIP CODE
Section 2		JOINT OWNER	
FIRST NAME	MIDDLE	LAST NAME	SUFFIX
DATE OF BIRTH (MM/DD/YYYY)	SOCIAL SECURITY OR TAX I.D. NUMBER	<input type="checkbox"/> Male <input type="checkbox"/> Female	
COUNTRY OF CITIZENSHIP <input type="checkbox"/> U.S. <input type="checkbox"/> Other:	RELATIONSHIP TO OWNER <input type="checkbox"/> Spouse <input type="checkbox"/> Other:		
DAYTIME PHONE NUMBER	EVENING PHONE NUMBER		
MAILING ADDRESS (If mailing address is different than residence address or P.O. Box, please provide residence address below.)			
STREET OR P.O. BOX	CITY	STATE	ZIP CODE
RESIDENCE ADDRESS			
STREET	CITY	STATE	ZIP CODE
Section 3		ANNUITANT	
FIRST NAME	MIDDLE	LAST NAME	SUFFIX
DATE OF BIRTH (MM/DD/YYYY)	SOCIAL SECURITY OR TAX I.D. NUMBER	<input type="checkbox"/> Male <input type="checkbox"/> Female	
COUNTRY OF CITIZENSHIP <input type="checkbox"/> U.S. <input type="checkbox"/> Other:	<input type="checkbox"/> Male <input type="checkbox"/> Female		
DAYTIME PHONE NUMBER	EVENING PHONE NUMBER		
RESIDENCE ADDRESS (Required)			
STREET	CITY	STATE	ZIP CODE
Section 4		ANNUITY PREMIUM AMOUNT	
Premium Amount: \$ [5,000]		(Indicate total estimated amount including cash with application and anticipated transfer/exchange amount. If paying by check directly to New York Life, make payable to NYLIAC.)	
Section 5		INITIAL INTEREST RATE GUARANTEE PERIOD AND SURRENDER CHARGE PERIOD SELECTION	
Initial Interest Rate Guarantee Period: Choose ONE below.		Surrender Charge Period: Choose ONE below.	
<input checked="" type="checkbox"/> 1 Year Period		<input checked="" type="checkbox"/> 6 Years	
<input type="checkbox"/> 3 Year Period		<input type="checkbox"/> 7 Years	
The longer the Surrender Charge Period, the higher the interest rate credited during your Initial Interest Rate Guarantee Period.			

Section 6	BENEFICIARY(IES) Note: Primary and Contingent designations must each total 100%. If no percentage(s) are provided, benefits will be divided equally. Please use Section 10 to enter additional Beneficiary information. 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.
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Surviving Spouse Under Joint Spousal Ownership (For Non-Qualified plan only)
 (If you select this option, complete below only for contingent Beneficiaries.)

PRIMARY BENEFICIARY'S FULL NAME/ENTITY NAME Jane J. Doe	RELATIONSHIP TO OWNER Spouse	
SOCIAL SECURITY NUMBER OR TAX I.D. NUMBER 111-11-1112	DATE OF BIRTH (MM/DD/YYYY) 04/01/1957	PERCENTAGE 100 %

PRIMARY BENEFICIARY'S FULL NAME/ENTITY NAME	RELATIONSHIP TO OWNER	
SOCIAL SECURITY NUMBER OR TAX I.D. NUMBER	DATE OF BIRTH (MM/DD/YYYY)	PERCENTAGE %

CONTINGENT BENEFICIARY'S FULL NAME/ENTITY NAME	RELATIONSHIP TO OWNER	
SOCIAL SECURITY NUMBER OR TAX I.D. NUMBER	DATE OF BIRTH (MM/DD/YYYY)	PERCENTAGE %

CONTINGENT BENEFICIARY'S FULL NAME/ENTITY NAME	RELATIONSHIP TO OWNER	
SOCIAL SECURITY NUMBER OR TAX I.D. NUMBER	DATE OF BIRTH (MM/DD/YYYY)	PERCENTAGE %

Section 7	ANNUITY PLAN TYPE Choose ONE plan and complete the appropriate section and, if applicable, the transfer/exchange form.
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<input checked="" type="checkbox"/> NON-QUALIFIED	Is this a 1035 Exchange? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	What is the Cost Basis? \$ _____
<input type="checkbox"/> Traditional IRA	<u>Current Year Contribution</u> <u>Prior Year Contribution</u>	<input type="checkbox"/> Transfer or <input type="checkbox"/> Rollover
<input type="checkbox"/> SEP IRA	\$ _____ Year ____ \$ _____ Year ____	\$ _____
<input type="checkbox"/> Roth IRA		
<input type="checkbox"/> Inherited IRA	<input type="checkbox"/> Transfer \$ _____	

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

Section 8	OPTIONAL RIDER(S) A charge may apply to the rider(s) you elect below. The rider(s) may not be available with all plans and in all jurisdictions.
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[None Available]

Section 9	REPLACEMENT INFORMATION If you answer "Yes" to A or B, provide policy information below. Please use Section 10 to include information if more than two policies are being replaced.
------------------	--

A) Is the policy applied for a replacement of a life insurance or annuity policy?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B) Do you have any existing life insurance or annuity policies?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Company Name – Policy Number – Estimated Cash Value – Cost Basis (for Non-qualified Policies)	1035 Exchange: <input type="checkbox"/> Yes <input type="checkbox"/> No
Company Name – Policy Number – Estimated Cash Value – Cost Basis (for Non-qualified Policies)	1035 Exchange: <input type="checkbox"/> Yes <input type="checkbox"/> No

Section 10**ADDITIONAL INFORMATION**
Attach a separate sheet if additional space is needed.**Section 11****FRAUD AND DISCLOSURE STATEMENTS**

Residents of jurisdictions other than the District of Columbia:

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. Penalties may include imprisonment, fines, or a denial of insurance benefits if a person provides false information.

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.

Section 12**SIGNATURES AND TAX CERTIFICATION**

Read statement and Sign below.

I/We agree that:

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

I/WE UNDERSTAND THAT I/WE MAY RECEIVE LESS THAN THE PREMIUM PAYMENT UPON SURRENDER OF THIS POLICY.

Signed at (City/State)	Anywhere, DE	Dated On (MM/DD/YYYY)	09/01/2011
			
▲ Applicant's Signature (Owner)		▲ Joint Owner's Signature (if applicable)	
			
▲ Annuitant's Signature (if other than Owner)			

211-A118**SPECIMEN**

**This section is not part of the application; however, it must be completed
(For Representative/Agent use only. Signature Required)**

PRODUCER STATEMENT:	
1. Is Owner a U.S. Citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No If "No", check the appropriate box: <input type="checkbox"/> Resident Alien <input type="checkbox"/> Non-Resident Alien <input type="checkbox"/> Other _____
2. Is this a replacement of a life insurance or annuity policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Does the Applicant have any existing life insurance or annuity policies?	<input type="checkbox"/> Yes <input type="checkbox"/> No If you have answered "Yes" to either question #2 or #3 of the Producer's Statement, please complete and submit the required replacement forms.
4. Is the Owner of the Policy a Trust?	<input type="checkbox"/> Yes <input type="checkbox"/> No If you have answered "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.
All of the answers to questions and statements in the application are true to the best of the knowledge and belief of	

those who made and recorded them. 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.



Date / /

▲ Representative's/Agent's Signature

(MM/ DD /YYYY)

Representative's/Agent's Name

Tel. No

State License No.

NYLIAC Code No.

Firm/Agency Name

Firm/Agency Tel. No.

Firm/Agency Address

Street

City

State

Zip Code

(01/2012)

SERFF Tracking Number: NYLA-127364453 State: Arkansas
 Filing Company: New York Life Insurance and Annuity Corporation State Tracking Number: 49787
 Company Tracking Number: 211-A113
 TOI: A02.11 Individual Annuities- Deferred Non- Variable and Variable Sub-TOI: A02.11.003 Single Premium
 Product Name: Applications for Fixed Hybrid Deferred Annuities
 Project Name/Number: Applications for Fixed Hybrid Deferred Annuities/211-A113

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: Attachment: Cert-Readability.pdf		
Bypassed - Item: Application Bypass Reason: Applications already attached in Form Schedule. Policy not submitted with this filing-cover letter Comments:		
Bypassed - Item: Life & Annuity - Acturial Memo Bypass Reason: N/A Comments:		
Satisfied - Item: Certificate of Compliance Comments: Attachment: Cert-compliance-AR.pdf		
Satisfied - Item: Cover Letter Comments:		

SERFF Tracking Number: NYLA-127364453 State: Arkansas
Filing Company: New York Life Insurance and Annuity Corporation State Tracking Number: 49787
Company Tracking Number: 211-A113
TOI: A02.11 Individual Annuities- Deferred Non- Variable and Variable Sub-TOI: A02.11.003 Single Premium
Product Name: Applications for Fixed Hybrid Deferred Annuities
Project Name/Number: Applications for Fixed Hybrid Deferred Annuities/211-A113

Attachment:

AR Cover Letter.pdf

Item Status:

Status

Date:

Satisfied - Item: Statement of Variability

Comments:

Attached are 5 Statements of Variability.

Attachments:

SOV-211-A113.pdf

SOV-211-A114.pdf

SOV-211-A115.pdf

SOV-211-A117.pdf

SOV-211-A118.pdf

READABILITY CERTIFICATION

NEW YORK LIFE INSURANCE AND ANNUITY CORPORATION

I certify that the forms listed below meet the standards of your State's Readability Laws as calculated by the Flesch Reading Ease Test.

Form Number	Score
211-A113	52.6
211-A114	51.9
211-A115	54.8
211-A117	56.1
211-A118	56.0

Suzanne Wolf

Suzanne Wolf
Assistant Vice President
September 14, 2011

Date

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

STATE OF ARKANSAS

In Re: Form (s): Application Forms 211-A113, 211-A114, 211-A115,
211-A117 and 211-A118

I certify that the forms contained in this filing comply with Arkansas Insurance Regulation 19.

Suzanne Wolf

Signature

Suzanne Wolf

Name

Assistant Vice President, Product Development

Title

09/14/2011

Date



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

(A Delaware Corporation)

1 Rockwood Road, Sleepy Hollow, NY 10591

"The Company You Keep"®

Suzanne Wolf

Assistant Vice President - Product Development

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

E-Mail: Suzanne_Wolf@newyorklife.com

September 14, 2011

Hon. Jay Bradford
 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.: 211-A113	Individual Deferred Fixed Annuity	Application
211-A114	Individual Deferred Fixed Annuity	Application
211-A115	Individual Deferred Fixed Annuity	Application
211-A117	Individual Deferred Fixed Annuity	Application
211-A118	Individual Deferred Fixed Annuity	Application

Dear Hon. Jay Bradford:

We are enclosing for your approval five (5) new individual deferred fixed annuity applications, form numbers 211-A113, 211-A114, 211-A115, 211-A117, and 211-A118 that will be used to apply for our individual deferred fixed annuity policies issued by New York Life Insurance and Annuity Corporation (NYLIAC). We intend to introduce those policy forms on or about January 2, 2012, subject to approval by your Department. These application forms will be used with policy forms that were submitted under separate cover and are currently being reviewed by your Department. In addition, application form 211-A113 will be used with four (4) previously approved individual deferred fixed annuity policy forms that are currently being solicited as well as a previously approved single premium universal life insurance product issued by New York Life Insurance and Annuity Corporation (NYLIAC).

With the exception of the life insurance policy form, all policy forms with which the enclosed applications will be used are listed in a chart which follows this letter. The chart shows the status of each policy form, including the SERFF or Departmental tracking number and, where applicable, the date of approval. The applications are described in further detail below.

Application Form 211-A113

This application form will be used with the individual deferred fixed annuity policy forms, referenced in the chart below, when these policy forms are solicited through the Company's agents. It will also be used with our individual single premium universal life insurance product, policy form number 306-130. In addition, application form 211-A113 will replace application form 210-A102 (02/2011), which was approved by your Department on 01/12/2011 (Tracking # NYLA-126958768).

Because this new application form does not contain replacement questions, we certify that our replacement form (form number 22190.100) includes the required replacement questions, and will always be used in conjunction with this application form even if there is no replacement involved in the sale. Replacement form 22190.100 was approved by your Department on 09/07/2007.

Application Forms 211-A114, 211-A115, 211-A117 and 211-A118

These application forms will be used with the individual single premium fixed deferred annuity policy forms, referenced in the chart below, when they are solicited through our independent distribution channels.

Each of these application forms contain questions, directed to the applicant, concerning replacement and existing insurance (see section 9). In addition, replacement and existing insurance questions are asked of the agent/representative in a statement following the application. This agent/producer statement, which is not a part of the application, is included in this submission for illustrative purposes only.

Statements of Variability

Variable material in each submitted form is denoted with brackets and the enclosed Statements of Variability describe each variable item.

Domicile State:

These forms were filed in Delaware, our state of domicile, on 09/13/2011 and are pending approval.

Additional Information

These application forms will be pre-printed or laser-emitted with identical language approved by your Department. The Company reserves the right to alter the color, layout, format, pagination, signature graphic and type of font (point size no less than 10) of these applications without resubmitting for approval, unless otherwise informed.

We would appreciate receiving your approval of these new application 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,



Suzanne Wolf
Assistant Vice President-Product Development

SW:fl

New York Life Insurance and Annuity Corporation
Policy Forms and Replacement Notices that will be used with
Application Forms 211-A113, 211-A114, 211-P115, 211-P117, and 211-A118

Form Number	Brief Description	Pending Approval or Filed & Approved
211-P113	Individual Single Premium Deferred Fixed Annuity Policy – used with application form 211-A113	Pending Approval (SERFF #: NYLA-127349784)
211-P116	Individual Single Premium Deferred Fixed Annuity Policy – used with application form 211-A113	Pending Approval (SERFF #: NYLA-127349784)
210-P111	Individual Single Premium Deferred Fixed Annuity Policy - used with application form 211-A113	Filed & Approved 01/12/2011 (SERFF # NYLA-126958768)
210-P108	Individual Flexible Premium Deferred Fixed Annuity Policy - used with application form 211-A113	Filed & Approved 10/20/2010 (SERFF # NYLA-126846895)
22190.100	Replacement Notice – used with application form 211-A113	Filed & Approved 09/07/2007
211-P114	Individual Single Premium Deferred Fixed Annuity Policy - used with application form 211-A114	Pending Approval (SERFF #: NYLA-127349784)
211-P115	Individual Single Premium Deferred Fixed Annuity Policy - used with application form 211-A115	Pending Approval (SERFF #: NYLA-127349784)
211-P117	Individual Single Premium Deferred Fixed Annuity Policy - used with application form 211-A117	Pending Approval (SERFF #: NYLA-127349784)
211-P118	Individual Single Premium Deferred Fixed Annuity Policy - used with application form 211-A118	Pending Approval (SERFF #: NYLA-127349784)
210-192	Individual Single Premium Deferred Fixed Annuity Policy – used with application form 211-A113	Filed & Approved 03/09/2010 (SERFF # NYLA-126514958)
210-P105	Individual Single Premium Deferred Fixed Annuity Policy – used with application form 211-A113	Filed & Approved 10/04/2010 (SERFF # NYLA-126834354)

New York Life Insurance and Annuity Corporation (NYLIAC)
Statement of Variability
Application for Individual Deferred Fixed Annuities
Form: 211-A113

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 accordance with the Explanation of Variability in a uniform and non-discriminatory manner and shall not result in unfair discrimination.

Bracketed Information	Location	Explanation of Variability
EXECUTIVE OFFICE/HOME OFFICE Addresses	Top of form	To allow for the flexibility of changing this information should NYLIAC's Executive and/or Home Office locations change.
ANNUITY PRODUCT SELECTION/ Marketing Names and Abbreviations	Section 1	To allow for the flexibility of adding/changing/removing products, product features and marketing names (and their abbreviations).
<p data-bbox="181 791 574 877">Initial Interest Rate Guarantee Period; Surrender Charge Period for:</p> <p data-bbox="181 911 574 1087">NEW YORK LIFE SELECT GUARANTEE FIXED ANNUITY AND NEW YORK LIFE PREFERRED CHOICE FIXED ANNUITY</p>	Section 1	<p data-bbox="786 791 1432 890">To allow for the flexibility of adding and/or removing the available Initial Interest Rate Guarantee Period options and/or Surrender Charge Period options.</p> <p data-bbox="786 919 1432 1100"><u>Initial Interest Rate Guarantee Period:</u> The range for the number of <i>available</i> Initial Interest Rate Guarantee Period options is any whole number between and including 1–10. The range of years for a <i>particular</i> option is any whole number between and including 1 – 10 years.</p> <p data-bbox="786 1129 1432 1310"><u>Surrender Charge Period:</u> The range for the number of <i>available</i> Surrender Charge Period options is any whole number between and including 1-7. The range of years for a <i>particular</i> option is any whole number between and including 3 – 9 years.</p> <p data-bbox="786 1339 1432 1547">Subject to the Department's approval, if the Surrender Charge Schedule option(s), for which a demonstration is not provided in the actuarial memorandum become available, we will submit a limited filing of the supporting actuarial material required based on the Department's guidelines in effect at the time of such change..</p>

<p>Initial Interest Rate Guarantee Period With Surrender Charge Period for:</p> <p>NEW YORK LIFE SECURE TERM FIXED ANNUITY;</p> <p>NEW YORK LIFE SECURE TERM CHOICE FIXED ANNUITY;</p> <p>NEW YORK LIFE SECURE TERM MVA FIXED ANNUITY</p>	<p>Section 1</p>	<p>To allow for the flexibility of adding and/or removing the available options for the Initial Interest Rate Guarantee Period and corresponding Surrender Charge Period.</p> <p>The range for the number of available options is any whole number between and including 1 – 7. The range of years for a <i>particular</i> option is any whole number between and including 3 – 9 years.</p> <p>Subject to the department’s approval, if the option(s), for which a demonstration is not provided in the actuarial memorandum becomes available, we will submit a limited filing of the supporting actuarial material required based on the Department’s guidelines in effect at the time of such change.</p>
<p>ANNUITY COMMENCEMENT DATE</p>	<p>Section 1</p>	<p>To facilitate changes to comply with federal or state laws or regulations or to accommodate changes to the company’s marketing and suitability standards.</p>
<p>ANNUITY PLAN TYPE AND ASSOCIATED INFORMATION/ NOTES</p>	<p>Section 5</p>	<p>To facilitate changes to the plan types, and associated information/notes, made available by NYLIAC and in accordance with applicable laws for tax qualified plans.</p>
<p>ANNUITY PREMIUM</p>	<p>Section 6</p>	<p>To allow for the flexibility of changing the minimum and maximum Premium Amounts. The amount displayed is the Premium Amount used to purchase the policy. The Premium Payment range is between and including \$5,000 – \$50,000,000.</p> <p>Flexible Premium (FPFA) Information: This information would be removed if NYLIAC discontinues solicitation of the New York Life Flexible Premium Fixed Annuity (FPFA) product. Instructions may change due to administrative changes. The Initial Premium Payment and the Additional Premium Payment may vary based on the marketing plan type. The Initial Premium Payment range is between and including \$50.00 – \$5,000,000. The range for both Minimum and Maximum Additional Premium Payments is between and including \$50.00 - \$5,000,000.</p>
<p>ANNUITY OPTIONAL RIDER(S)</p>	<p>Section 7</p>	<p>To facilitate adding rider information when new riders are approved by the Department for use with this product, or removing rider information when existing approved riders are withdrawn from use either by NYLIAC or as required by state law.</p>

All other bracketed items are John Doe information.

New York Life Insurance and Annuity Corporation (NYLIAC)
Statement of Variability
Application for Individual Single Premium Deferred Fixed Annuity
Form: 211-A114

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 accordance with the Explanation of Variability in a uniform and non-discriminatory manner and shall not result in unfair discrimination.

Bracketed Information	Location	Explanation of Variability
PRODUCT MARKETING NAME	Top of Form	To allow for the flexibility of changing the marketing name.
EXECUTIVE OFFICE/HOME OFFICE ADDRESSES	Top of form	To allow for the flexibility of changing this information should NYLIAC's Executive and/or Home Office locations change.
ANNUITY COMMENCEMENT DATE	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.
ANNUITY PREMIUM AMOUNT	Section 4	To allow for the flexibility of changing the minimum and maximum Premium Amounts. The amount displayed is the Premium Amount used to purchase the policy. Initially, the minimum single premium that NYLIAC will accept is \$5,000. The Premium Payment range is between and including \$5,000 – \$50,000,000.
INITIAL INTEREST RATE GUARANTEE PERIOD AND SURRENDER CHARGE PERIOD SELECTION	Section 5	<p>To allow for the flexibility of adding and/or removing the available options for the Initial Interest Rate Guarantee Period and corresponding Surrender Charge Period.</p> <p>The range for the number of available selections is any whole number between and including 1–7. The range for a <i>particular</i> selection is any whole number between and including 3 – 9 years.</p> <p>Subject to the Department's approval, if the option(s) for which a demonstration is not provided in the actuarial memorandum becomes available, we will submit a limited filing of the supporting actuarial material required based on the Department's guidelines in effect at the time of such change.</p>
ANNUITY PLAN TYPE and ASSOCIATED INFORMATION/NOTE	Section 7	To facilitate changes to the plan types and associated information/note made available by NYLIAC and in accordance with applicable laws for tax qualified plans.
OPTIONAL RIDER(S)	Section 8	To facilitate adding rider information when new riders are approved by the Department for use with this product, or removing rider information when existing approved riders are withdrawn from use either by NYLIAC 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 Individual Single Premium Deferred Fixed Annuity
Form: 211-A115

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 accordance with the Explanation of Variability in a uniform and non-discriminatory manner and shall not result in unfair discrimination.

Bracketed Information	Location	Explanation of Variability
PRODUCT MARKETING NAME	Top of Form	To allow for the flexibility of changing the marketing name.
EXECUTIVE OFFICE/HOME OFFICE ADDRESSES	Top of form	To allow for the flexibility of changing this information should NYLIAC's Executive and/or Home Office locations change.
ANNUITY COMMENCEMENT DATE	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.
ANNUITY PREMIUM AMOUNT	Section 4	To allow for the flexibility of changing the minimum and maximum Premium Amounts. The amount displayed is the Premium Amount used to purchase the policy. Initially, the minimum single premium that NYLIAC will accept is \$5,000. The Premium Payment range is between and including \$5,000 – \$50,000,000.
INITIAL INTEREST RATE GUARANTEE PERIOD AND SURRENDER CHARGE PERIOD SELECTION	Section 5	<p>To allow for the flexibility of adding and/or removing the available options for the Initial Interest Rate Guaranteed Period and corresponding Surrender Charge Period.</p> <p>The range for the number of available selections is any whole number between and including 1–7. The range for a <i>particular</i> option is any whole number between and including 3 –9 years.</p> <p>Subject to the Department's approval, if the option(s) for which a demonstration is not provided in the actuarial memorandum becomes available, we will submit a limited filing of the supporting actuarial material required based on the Department's guidelines in effect at the time of such change.</p>
ANNUITY PLAN TYPE and ASSOCIATED INFORMATION/ NOTE	Section 7	To facilitate changes to the plan types and associated information/note made available by NYLIAC and in accordance with applicable laws for tax qualified plans.
OPTIONAL RIDER(S)	Section 8	To facilitate adding rider information when new riders are approved by the Department for use with this product, or removing rider information when existing approved riders are withdrawn from use either by NYLIAC 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 Individual Single Premium Deferred Fixed Annuity
Form: 211-A117

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 accordance with the Explanation of Variability in a uniform and non-discriminatory manner and shall not result in unfair discrimination.

Bracketed Information	Location	Explanation of Variability
PRODUCT MARKETING NAME	Top of Form	To allow for the flexibility of changing the marketing name.
EXECUTIVE OFFICE/HOME OFFICE ADDRESSES	Top of form	To allow for the flexibility of changing this information should NYLIAC's Executive and/or Home Office locations change.
ANNUITY COMMENCEMENT DATE	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.
ANNUITY PREMIUM AMOUNT	Section 4	To allow for the flexibility of changing the minimum and maximum Premium Amounts. The amount displayed is the Premium Amount used to purchase the policy. Initially, the minimum single premium that NYLIAC will accept is \$5,000. The Premium Payment range is between and including \$5,000 – \$50,000,000.
INITIAL INTEREST RATE GUARANTEE PERIOD AND SURRENDER CHARGE PERIOD SELECTION	Section 5	<p>To allow for the flexibility of adding and/or removing the available options for the Initial Interest Rate Guarantee Period and corresponding Surrender Charge Period.</p> <p><u>Initial Interest Rate Guarantee Period:</u> The range for the number of <i>available</i> Initial Interest Rate Guarantee Period option(s) is any whole number between and including 1–10. The range of years for a <i>particular</i> selection is any whole number between and including 1 – 10 years.</p> <p><u>Surrender Charge Period:</u> The range for the number of <i>available</i> Surrender Charge Period option(s) is any whole number between and including 1-7. The range of years for a <i>particular</i> selection is any whole number between and including 3 – 9 years.</p> <p>Subject to the Department's approval, if the Surrender Charge Schedule option(s) for which a demonstration is not provided in the actuarial memorandum becomes available, we will submit a limited filing of supporting actuarial material required based on the Department's guidelines in effect at the time of such change.</p>

ANNUITY PLAN TYPE and ASSOCIATED INFORMATION/NOTE	Section 7	To facilitate changes to the plan types and associated information/note made available by NYLIAC and in accordance with applicable laws for tax qualified plans.
OPTIONAL RIDER(S)	Section 8	To facilitate adding rider information when new riders are approved by the Department for use with this product, or removing rider information when existing approved riders are withdrawn from use either by NYLIAC 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 Individual Single Premium Deferred Fixed Annuity
Form: 211-A118

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INITIAL INTEREST RATE GUARANTEE PERIOD AND SURRENDER CHARGE PERIOD SELECTION	Section 5	<p>To allow for the flexibility of adding and/or removing the available Initial Interest Rate Guarantee Period options and/or Surrender Charge Period selections.</p> <p><u>Initial Interest Rate Guarantee Period:</u> The range for the number of <i>available</i> Initial Interest Rate Guarantee Period selections is any whole number between and including 1–10. The range of years for a <i>particular</i> selection is any whole number between and including 1 – 10 years.</p> <p><u>Surrender Charge Period:</u> The range for the number of <i>available</i> Surrender Charge Period selections is any whole number between and including 1-7. The range of years for a <i>particular</i> selection is any whole number between and including 3-9 years.</p> <p>Subject to the Department's approval, if the Surrender Charge Schedule option(s) for which a demonstration is not provided in the actuarial memorandum becomes available, we will submit a limited filing of the supporting actuarial material required based on the Department's guidelines in effect at the time of such change.</p>

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