

State: Arkansas **Filing Company:** New York Life Insurance and Annuity Corporation
TOI/Sub-TOI: A03I Individual Annuities - Deferred Variable/A03I.002 Flexible Premium
Product Name: Deferred Variable Annuity Application
Project Name/Number: Deferred Variable Annuity Application/212-A202

Filing at a Glance

Company: New York Life Insurance and Annuity Corporation
Product Name: Deferred Variable Annuity Application
State: Arkansas
TOI: A03I Individual Annuities - Deferred Variable
Sub-TOI: A03I.002 Flexible Premium
Filing Type: Form
Date Submitted: 12/28/2012
SERFF Tr Num: NYLA-128826367
SERFF Status: Closed-Approved-Closed
State Tr Num:
State Status: Approved-Closed
Co Tr Num: 212-A202

Implementation: On Approval
Date Requested:
Author(s): Rosanna Castaldi, Suzanne Wolf, Rina Zornetsky, Janet Doyle
Reviewer(s): Linda Bird (primary)
Disposition Date: 01/07/2013
Disposition Status: Approved-Closed
Implementation Date:

State Filing Description:

State: Arkansas **Filing Company:** New York Life Insurance and Annuity Corporation
TOI/Sub-TOI: A03I Individual Annuities - Deferred Variable/A03I.002 Flexible Premium
Product Name: Deferred Variable Annuity Application
Project Name/Number: Deferred Variable Annuity Application/212-A202

General Information

Project Name: Deferred Variable Annuity Application Status of Filing in Domicile: Pending
 Project Number: 212-A202 Date Approved in Domicile:
 Requested Filing Mode: Review & Approval Domicile Status Comments: Pending in Delaware, our State of domicile.
 Explanation for Combination/Other: Market Type: Individual
 Submission Type: New Submission Individual Market Type:
 Overall Rate Impact: Filing Status Changed: 01/07/2013
 State Status Changed: 01/07/2013
 Deemer Date: Created By: Rina Zornetsky
 Submitted By: Rina Zornetsky Corresponding Filing Tracking Number: 212-A202

Filing Description:

This filing is for a new deferred variable annuity application for use with our individual flexible premium deferred variable annuity products.

Company and Contact

Filing Contact Information

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

Filing Company Information

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

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? Yes
 Fee Explanation: \$50 per form X 1 form
 Per Company: No

Company	Amount	Date Processed	Transaction #
New York Life Insurance and Annuity Corporation	\$50.00	12/28/2012	66095295

SERFF Tracking #:

NYLA-128826367

State Tracking #:

Company Tracking #:

212-A202

State:

Arkansas

Filing Company:

New York Life Insurance and Annuity Corporation

TOI/Sub-TOI:

A03I Individual Annuities - Deferred Variable/A03I.002 Flexible Premium

Product Name:

Deferred Variable Annuity Application

Project Name/Number:

Deferred Variable Annuity Application/212-A202

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	01/07/2013	01/07/2013

State: Arkansas **Filing Company:** New York Life Insurance and Annuity Corporation
TOI/Sub-TOI: A03I Individual Annuities - Deferred Variable/A03I.002 Flexible Premium
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Disposition

Disposition Date: 01/07/2013

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		No
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Statement of Variability		Yes
Supporting Document	Cover Letter		Yes
Supporting Document	Compliance certification		Yes
Form	Application For Individual Flexible Premium Deferred Variable Annuity		Yes

State: Arkansas **Filing Company:** New York Life Insurance and Annuity Corporation
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Form Schedule

Lead Form Number: 212-A202

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1		Application For Individual Flexible Premium Deferred Variable Annuity	212-A202	AEF	Initial			Application 212-A202.pdf

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NOC	Notice of Coverage
OTH	Other	OUT	Outline of Coverage
PJK	Policy Jacket	POL	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages



APPLICATION FOR

Individual Flexible Premium Deferred Variable Annuity

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

Annuities

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]For All Products. Please print or type.

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

<input checked="" type="checkbox"/> New York Life Premier Plus Variable Annuity (PPVA)	<p>IMPORTANT: FOR PPVA, PVA and FPVA ONLY You MUST check one box below for the M&E charge option. Mortality & Expense Risks and Administrative Costs Charge (M&E Charge) based on:</p> <p><input checked="" type="checkbox"/> Accumulation Value <input type="checkbox"/> Adjusted Premium*</p> <p>*403(b) Tax Sheltered Annuity (TSA) plan Loans are not available if Adjusted Premium is elected.</p>
<input type="checkbox"/> New York Life Premier Variable Annuity (PVA)	
<input type="checkbox"/> New York Life Flexible Premium Variable Annuity II (FPVA)	
<input type="checkbox"/> New York Life Complete Access Variable Annuity (CAVA) (TSA Loans not available for this product.)	

Section 2 OWNER

<input checked="" type="checkbox"/> Individual	<input type="checkbox"/> Guardianship	<input type="checkbox"/> Trust	<input type="checkbox"/> Corporation	<input checked="" type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Ms.	<input checked="" type="checkbox"/> Male	
<input type="checkbox"/> Grantor Trust	<input type="checkbox"/> Partnership	<input type="checkbox"/> Other:		<input type="checkbox"/> Miss	<input type="checkbox"/> Rev.	<input type="checkbox"/> Dr.	<input type="checkbox"/> Female	
FIRST NAME OR TRUST/CORPORATION NAME	MIDDLE	LAST NAME	SUFFIX	John				J.
COUNTRY OF CITIZENSHIP		SOCIAL SECURITY/TAX I.D. NUMBER						
<input checked="" type="checkbox"/> U.S. <input type="checkbox"/> Other:		111-11-1111						
DATE OF BIRTH (MM/DD/YYYY)	DATE OF TRUST AND STATE	RELATIONSHIP TO ANNUITANT						
01/01/1956		<input checked="" type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Other:						
DAYTIME PHONE NUMBER	EVENING PHONE NUMBER	E-MAIL ADDRESS						
(111) 222-3333	(111) 222-3334	Johndoe@gmail.com						

MAILING ADDRESS (If mailing address is same as residence address, leave residence address blank.)

STREET OR P.O. BOX	CITY	STATE	ZIP CODE
100 Main Street	Anywhere	AR	11111

RESIDENCE ADDRESS

STREET	CITY	STATE	ZIP CODE
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Section 3 JOINT OWNER

<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Ms.	<input type="checkbox"/> Miss	<input type="checkbox"/> Rev.	<input type="checkbox"/> Dr.	<input type="checkbox"/> Male	<input type="checkbox"/> Female
FIRST NAME	MIDDLE	LAST NAME	SUFFIX				
COUNTRY OF CITIZENSHIP			SOCIAL SECURITY OR TAX I.D. NUMBER				
<input type="checkbox"/> U.S. <input type="checkbox"/> Other:							
DATE OF BIRTH (MM/DD/YYYY)	RELATIONSHIP TO OWNER						
	<input type="checkbox"/> Spouse <input type="checkbox"/> Other						
DAYTIME PHONE NUMBER	EVENING PHONE NUMBER	E-MAIL ADDRESS					

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
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RESIDENCE ADDRESS

STREET	CITY	STATE	ZIP CODE
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Section 4 ANNUITANT

If same as Owner, check here . Otherwise, complete below.

<input type="checkbox"/> Male	<input type="checkbox"/> Female	DATE OF BIRTH (MM/DD/YYYY)					
FIRST NAME	MIDDLE	LAST NAME	SUFFIX				
COUNTRY OF CITIZENSHIP			SOCIAL SECURITY/TAX I.D. NUMBER				
<input type="checkbox"/> U.S. <input type="checkbox"/> Other:							
DAYTIME PHONE NUMBER	EVENING PHONE NUMBER	E-MAIL ADDRESS					

RESIDENCE ADDRESS (Required)

STREET	CITY	STATE	ZIP CODE
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Section 5

BENEFICIARY(IES)

Note: Primary and Contingent Beneficiary designations must each total 100%. Please use Section 9 for additional Beneficiary designations. If no percentage(s) is/are provided, the benefits will be divided equally.

SPECIAL INSTRUCTIONS FOR SPOUSAL CONTINUANCE OR NON-SPOUSAL JOINT OWNERS

**Spousal*
Continuance**

Check the box to allow your **spouse*** the option to continue the policy upon your death.

- Joint Owners that are Spouses*:** the surviving spouse* will be the **sole Primary Beneficiary**. **Do Not Complete** the Primary Beneficiary fields below.
- One Owner:** your spouse* will be the **sole Primary Beneficiary**. Provide his/her information below in the Primary Beneficiary fields **ONLY** if he/she is not the named Annuitant.

For any Contingent Beneficiaries, complete the Contingent Beneficiary fields below.

**Non-Spousal*
Joint Owners
(Surviving Owner as
sole Primary
Beneficiary)**

Check the box to designate the surviving Owner as the **sole Primary Beneficiary**. If the Surviving Owner is not the sole Primary Beneficiary, **Do Not Check this box**. Instead, designate the Primary Beneficiaries and the share percentages below.

*"Spouse" as defined by the federal Defense of Marriage Act ("DOMA")¹

¹ Pursuant to Section 3 of DOMA, same-sex marriages currently are not recognized for purposes of federal law. Therefore, the favorable income-deferral options afforded by federal tax law to an opposite-sex spouse under Internal Revenue Code sections 72(s) and 401(a)(9) are currently NOT available to a same-sex spouse.

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

ADDRESS: STREET	CITY	STATE	ZIP CODE	TELEPHONE NO.
100 Main Street	Anywhere	AR	11111	(111) 222-3333

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

ADDRESS: STREET	CITY	STATE	ZIP CODE	TELEPHONE NO.

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

ADDRESS: STREET	CITY	STATE	ZIP CODE	TELEPHONE NO.

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

ADDRESS: STREET	CITY	STATE	ZIP CODE	TELEPHONE NO.

Uniform Transfers/Gifts to Minors (UTMA/UGMA) - Complete for a Beneficiary who is a minor.

NAME OF CUSTODIAN

NAME OF MINOR MINOR'S STATE OF RESIDENCE

NAME OF CUSTODIAN

NAME OF MINOR MINOR'S STATE OF RESIDENCE

Section 6

ANNUITY PREMIUM AMOUNT

A. Premium Amount: \$ [10,000] _____
(Indicate total estimated amount including cash with application and anticipated transfer/exchange amount. If paying by check, make payable to NYLIAC.)

B. Flexible Premium (FPVA Only) Check one box below:
 Check-O-Matic (Submit Form 18492)
 Employer Billing Arrangement (Submit Form 18483 for SEP and SIMPLE plans or Form 18600 for TSA plans)
 Scheduled Flexible Premium Amount:
 \$ _____

Section 10**FRAUD AND DISCLOSURE STATEMENT****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 11**SIGNATURES AND TAX CERTIFICATION – Read statements and Sign below.**

I/We understand and 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 Social Security/Taxpayer Identification Numbers provided on this application are certified to be correct. (5) No Registered Representative 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. **Benefits Based on the Performance of the Separate Account are Variable and are not Guaranteed as to the Dollar Amount.**

Signed at (City/State)		Anywhere, AR	Dated On (MM/DD/YYYY) 11/02/2012	
				
▲ Owner's Signature		▲ Joint Owner's Signature (if applicable)		
				
▲ Annuitant's Signature (if other than Owner)				
		John J. Doe		
▲ Applicant's Signature (if other than Owner)		▲ Applicant's Printed Name		
		George Agent		
▲ Agent's/Registered Rep.'s Signature		▲ Agent's/Registered Rep.'s Printed Name		
(111) 222-3335	NYL-12345		AR/12345	
▲ Agent's/Registered Rep.'s Tel. No.	▲ Agent's/Registered Rep.'s Code No.		▲ State/License No.	
General Office/#111				
▲ General Office Name/No.		▲ Lic. Resident Agent Countersignature and Code		

SERFF Tracking #:

NYLA-128826367

State Tracking #:

Company Tracking #:

212-A202

State: Arkansas

Filing Company:

New York Life Insurance and Annuity Corporation

TOI/Sub-TOI: A03I Individual Annuities - Deferred Variable/A03I.002 Flexible Premium

Product Name: Deferred Variable Annuity Application

Project Name/Number: Deferred Variable Annuity Application/212-A202

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Statement of Variability		
Comments:	See our Statement of Variability for the subject application form.		
Attachment(s):			
SOV App 212-A202.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Cover Letter		
Comments:	Our Cover Letter is attached.		
Attachment(s):			
Cover Letter-AR.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Compliance certification		
Comments:	Certification is attached.		
Attachment(s):			
Cert-compliance-AR.pdf			

New York Life Insurance and Annuity Corporation (NYLIAC)
Statement of Variability
Application for Deferred Variable Annuity
Form: 212-A202

The following comments describe the nature and scope of the variable material denoted with brackets on the application. The “Bracketed Information” typically corresponds to the headings found on the application form. When applicable, ranges and/or alternate text are provided. Any use of variability shall apply to new issues only, 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 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 NYLIAC’s marketing and suitability standards.
PRODUCT SELECTION Product Marketing Names and Abbreviations	Section 1	To allow for the flexibility of changing the marketing names “New York Life Premier Plus Variable Annuity,” “New York Life Premier Variable Annuity,” “New York Life Flexible Premium Variable Annuity II,” and “New York Life Complete Access Variable Annuity” and their abbreviations.
PRODUCT SELECTION Product Availability	Section 1	To allow for the flexibility of adding subsequent product(s) and features that may be filed and approved for which we would use this application for solicitation purposes. Also, for removal of product(s) and feature(s) that we discontinue soliciting.
BENEFICIARY(IES)	Section 5	To facilitate changes to identifying information required of Primary and Contingent Beneficiary(ies), to comply with state law.
ANNUITY PREMIUM AMOUNT A. Premium Amount	Section 6	To allow for the flexibility of changing the Premium Amount used to purchase the policy. The Premium Payment range is between and including \$50 – unlimited.
ANNUITY PREMIUM AMOUNT B. Flexible Premium (FPVA ONLY)	Section 6	This information would be removed if solicitation of the New York Life Flexible Premium Deferred Variable Annuity II (FPVA) product were discontinued. The planned additional Premium Payment range is between and including \$50 – unlimited.
ANNUITY PLAN TYPE AND ASSOCIATED INFORMATION/NOTES	Section 7	To facilitate changes to the plan types made available by NYLIAC and the associated information/notes and in accordance with applicable laws for tax qualified plans. The <i>range</i> of plan types NYLIAC may offer are: NON-QUALIFIED TRADITIONAL IRA ROTH IRA INHERITED IRA SIMPLE IRA SEP IRA TSA (NON-ERISA) <i>Keogh/ Pension</i> NYLIAC may offer one or more of these plans within this range at any one time.

OPTIONAL RIDER(S)	Section 8	<p>To facilitate adding or removing rider information when new riders are approved by your Department of Insurance for use with these products, and when existing approved riders are withdrawn from use, either by NYLIAC or as required by state law.</p> <p>The available Riders are:</p> <p>Annual Death Benefit Reset (ADBR) Investment Protection Plan II (IPP II) Enhanced Beneficiary Benefit (EBB)</p>
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All other bracketed items are John Doe information.



NEW YORK LIFE INSURANCE COMPANY
NEW YORK LIFE INSURANCE AND ANNUITY CORPORATION
(A Delaware Corporation)
51 Madison Avenue, New York, NY 10010 "The Company You Keep"®

Suzanne Wolf
Director – Product Compliance
Bus: (212) 576-3430 Fax: (212) 589-4373 Toll Free: (800) 280-3551
E-Mail: Suzanne_Wolf@newyorklife.com

December 28, 2012

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.: 212-A202 Individual Deferred Variable Annuity Application

Dear Hon. Jay Bradford:

We are enclosing for your approval a new individual flexible premium deferred variable annuity application, form number 212-A202, which will be issued by New York Life Insurance and Annuity Corporation (NYLIAC), and used by our agency distribution channel to solicit our flexible premium deferred variable annuity products. This application form replaces previously-approved application form 210-594, which was approved by your Department on 02/16/2010 (SERFF Tracking No. NYLA-126489865). Application form 212-A202 will be used with the individual flexible premium deferred variable annuity policy forms listed in the chart following this letter. Form approval information is also included in the chart.

Since application form 212-A202 does not contain replacement questions, we certify that our replacement form no. 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. Approval information for replacement form no. 22190.100 is included in the chart at the end of this letter.

The above-referenced application form will be issued in paper format and 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 this form without resubmitting for approval, unless otherwise informed.

Statement of Variability

A Statement of Variability for this application form is submitted with this filing and contains an explanation for the variable material which is denoted by brackets on the form.

Additional Information

Application form 212-A202 was submitted to Delaware, our state of domicile, on 12/20/2012 and is pending approval.

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

Sincerely,

A handwritten signature in cursive script that reads "Suzanne Wolf". To the right of the signature is a vertical yellow line.

Suzanne Wolf
Director – Product Compliance

SW: rc

NEW YORK LIFE INSURANCE AND ANNUITY CORPORATION
Forms used with Application Form 212-A202

Form Number	Brief Description	Approval Information
208-190, 208-191, and 208-192	Flexible Premium Deferred Variable Annuity	Approval Date: 10/22/2008 SERFF Tracking #: NYLA-125789904 File No.: 40425
211-P110	Flexible Premium Deferred Variable Annuity	Approval Date: 02/24/2011 SERFF Tracking #: NYLA- 126910206 File No.: 48010
22190.100	Replacement Notice	Approval Date: 10/10/2007 SERFF Tracking #: NYLC-125284282

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

STATE OF ARKANSAS

In Re: Form (s): Application Form 212-A202

I certify that the form contained in this filing complies with Arkansas Insurance Regulation 6 and Regulation 19.

Suzanne Wolf

Signature

Suzanne Wolf

Name

Director – Product Compliance

Title

12/28/2012

Date