



Juvenile Owner Change Form

» Please read and complete both sides of this form and print all information clearly. The New Owner's Signature **must** be included in the Read & Sign section on the back, or the changes requested cannot be processed. Then, securely upload and return the completed form at nylaarp.com/upload or return it by mail.

Current Owner Information

IMPORTANT: All required fields must be correctly completed in order for this request to be processed.

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Current Owner Name **(required)** Certificate/Contract Number **(required)** Insured Name

Current Owner Address **(required)** City State Zip Code

Owner Date of Birth **(required)** Owner SSN - last four digits **(required)**

Current Owner Date of Death **(required)**

New Owner Information

AGE OF CONSENT: The New Owner or Successor Owner cannot be a minor based on state residency rules regarding age of consent.

The person named below will become the Owner of this life insurance Contract and retain all rights of ownership. To name a trustee as Owner, write the name of the trustee followed by the words "trustee under" and proper title, date and address of the living trust. A trustee of a testamentary trust **cannot** be the Owner.

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New Owner Name **(required)** Relationship to Insured

New Owner Address **(required)** City State Zip Code

New Owner Date of Birth **(required)** Social Security Number **(required)** Phone Number

Successor Owner Information

IMPORTANT: It is extremely important that you have a successor owner on record. The new Owner has the right to name a Successor Owner. The Successor Owner will become the new Owner if the new Owner named in the **New Owner Information** section dies prior to the Insured's age 21. All required fields must be correctly completed.

Terms: When New York Life Insurance Company (NYL) records the designation of a Successor Owner, it will take effect as of the date this form was signed, subject to any payment made or other action taken by NYL before recording. The Successor Owner designation terminates automatically if ownership is transferred, if a new Successor Owner is named, or if the Successor Owner dies before the Owner. The Owner may change or revoke the Successor Owner at any time.

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Successor Owner Name **(required, if applicable)** Relationship to Insured

Address **(required, if applicable)** City State Zip Code

Date of Birth **(required, if applicable)** Social Security Number **(required, if applicable)** Phone Number

IMPORTANT »
continued on next page

Payor Change Information



Payor Name

Phone Number

Address

City

State

Zip Code

Read & Sign for New Owner

I understand and agree that:

- (a) these changes shall not take effect until NYLIC executes the acknowledgment set forth below and it is recorded by NYLIC, but once recorded, the change of ownership and all other changes will relate back and take effect as of the date the current Owner signs the Owner Change Form, subject to any payment made or other action taken by NYLIC before the date the changes are recorded;
- (b) neither the Group Policyholder nor NYLIC assumes responsibility of any kind with respect to the tax or other effects of this transaction;
- (c) under penalties of perjury, I (as owner named) certify: (1) my social security number or Tax ID number shown on this form is my correct taxpayer identification number, (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 dividend income; or (c) the IRS has notified me that I am no longer subject to backup withholding, (3) I am a U.S. person (includes a U.S. resident alien), and (4) The Foreign Account Tax Compliance Act (FATCA) code entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. (Please note: if being submitted for a U.S. account, this last certification (4) does not apply.)
NOTE: Cross out item 2 if the IRS has notified you that you are subject to backup withholding.
- (d) the New Owner will become the premium Payor unless otherwise specified on this form.
- (e) the Owner's estate will become the New Owner if no Successor Owner survives the Owner.

As the new Owner, I agree to assume all rights, claims, interests, powers and privileges with respect to this insurance.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.



New Owner Signature (required)

Date

