

REDEMPTION AND TRANSFER FORM

For Mutual Funds, Brokerage Accounts and Certificates of Deposit

New York Life Insurance and Annuity Corporation (NYLIAC) is the issuer of annuity plans for the AARP Lifetime Income Program.

To initiate the transfer of non-tax qualified proceeds from your current financial institution, please complete sections 1, 2, 3 and 4 in ink, and <u>promptly</u> mail this form back to us in the enclosed postage-paid envelope. If possible, please enclose a copy of your most recent account statement so we can review for accuracy.

When we receive your completed form, we will review it and immediately forward it on to your current financial institution. If you have any questions, please call one of our Annuity Specialists at 1-800-595-1126. Thank you.

1. APPLICANT INFORMATION			
Applicant (First Name, Last Name)			
Joint Applicant (First Name, Last Name) (If applicable)			
Address	Apt. No.		
City	State Zip		
() Telephone Number			
2. PROVIDE INFORMATION ABOUT YOUR CURRE	IT FINANCIAL INSTITUTION		
Name of Current Financial Institution			
Address			
City	State Zip		
() Telephone Number			
3. PROVIDE INSTRUCTIONS FOR YOUR CURREN	FINANCIAL INSTITUTION		
If you are redeeming a Certificate of Deposit, please complete this section:	If you are redeeming a Mutual F Account, please complete this sec	_	
Certificate Number(s)	Account Number(s)		
Certificate Owner	Account Owner		
CHECK ONE:	CHECK ONE:		
☐ Liquidate/Transfer on maturity date ∠ ∠	Full Liquidation/Transfer		
☐ Liquidate/Transfer immediately	☐ Partial Liquidation/Transfer \$%		

4. PROVIDE YOUR AUTHORIZATION TO TRANSFER FUNDS

I am the Owner of the above named certificate/account(s), and I request that you transfer the amount specified to New York Life Insurance and Annuity Corporation (NYLIAC). I hereby name NYLIAC, through its duly authorized officers, as lawful agent and attorney-in-fact for me for the purpose of this transfer. I understand that there may be a surrender charge and/or early withdrawal fee on the certificate or account I am liquidating. For a mutual fund or brokerage account liquidation, I also acknowledge that I may incur capital gains on any profit I have earned to this point.

I request that my name not appear as a joint payee on the check, nor shall any endorsement be necessary for the transfer or deposit.

Signature of Owner Date

Signature of Joint Owner (If applicable)

Bank Stamp and Signature

Please make check payable to: NYLIAC, for the benefit of (Owner's Name)

Please mail check directly to: AARP Lifetime Income Program P.O. Box 30774 Tampa, FL 33630-3774

SIGNATURE GUARANTEE If you are liquidating mutual funds, your current financial institution may require a signature guarantee, which you can secure from a local bank.

Date

5. NEW YORK LIFE INSURANCE AND ANNUITY CORPORATION ACCEPTANCE OF TRANSFER

NYLIAC agrees to accept the transfer of funds. When we receive the funds, we will issue a Certificate to the applicant, provided all issuance rules are met. If not, we will return the funds to the current financial institution.

Michael Horan	
Michael Horan – Corporate Vice President	Date
Authorized NYLIAC Officer	

Your immediate action is appreciated. If you have questions regarding this funds transfer, please call 1-800-595-1126. Thank you.

[xxxxxxxxxx] A012-00