



Claims Service P.O. Box 30713 Tampa, FL 33630-3713

Dear Beneficiary:

Please accept our condolences on your recent loss. We understand this is a difficult time, and we hope that we can alleviate any concerns you may have about your claim.

This special form is designated to help you complete your claim quickly and easily. Please return your signed Claim Form with a certified copy of the death certificate so we can complete the processing of your claim.

If you are also the beneficiary of any other insurance policy or annuity with New York Life Insurance Company or its affiliates that insure the deceased, you should contact those offices directly to file a claim.

New York Life Insurance and Annuity Corporation, issuer of the annuity product for the AARP Lifetime Income Program, takes pride in the speed with which we pay claims. Most payments on claims are sent to the beneficiaries within five business days from the date the Company receives the completed Claim Form and death certificate in its Claims office.

Please be assured the AARP Lifetime Income Program is committed to completing the processing of your claim quickly once we receive all the necessary information and documentation.

If you have any questions or need assistance, please feel free to contact our Claims Department at **1-800-590-1504**, between the hours of 8am to 5pm Eastern Standard Time Monday through Friday.

Sincerely,

Matt Pittarelli

Corporate Vice President, New York Life For the AARP Lifetime Income Program

HOW TO COMPLETE YOUR CLAIM FORM

Please read this page before you start to complete your Claim Form

To complete the processing of your claim, we must have a fully completed Claim Form from each beneficiary, one certified death certificate and other documents as appropriate for the claim.

SECTION 1

Please be sure to enter all annuity contract numbers on the Claim Form. Please do not send the original contracts.

SECTION 2

Information about the deceased is necessary for purposes of identification.

SECTION 3

Information about the Beneficiary is necessary for claims processing.

Taxpayer Identification Number: The Federal government requires us, and all other financial institutions, to report the interest we pay you. Therefore, we are required to obtain your Social Security or other Taxpayer Identification Number, which you must certify under penalty of perjury. If you are applying for a tax number, please write "applied for" in the appropriate space. If you fail to supply us with an identification number, the Federal government requires us to withhold a specified percentage from the interest payments. You can claim the amount withheld as a credit on your tax return.

Some persons have been notified by the Internal Revenue Service that they are subject to "back-up withholding" because in the past they did not report all their interest or dividends. If you have been so notified, and a back-up withholding order has not been rescinded, you must cross out the statement right below your Social Security or Taxpayer Identification Number. We may contact you for more information if there are any questions about your Taxpayer Identification Number or back-up withholding status, or if you are a non-resident alien or foreign entity.

Claims by an Estate: If the claim is being filed by an Executor or Administrator, he or she must sign the Claim Form and submit a copy of the appointment papers. Be sure to use the Estate's tax number.

Assignments: If you have assigned all or any portion of the benefit to a funeral home for final expenses, please include that assignment. If the deceased assigned the contract to a bank or other financial institution, an

authorized representative of that institution must sign the Claim Form.

If the Beneficiary is a Minor: If there is a legal guardian for a minor, the guardian should sign the Claim Form and submit a copy of the guardianship papers. If no legal guardian has been appointed, contact us for further information.

SECTION 4

Please sign the Claim Form in the same manner as you would normally sign your checks. Your signature will be used to verify instructions you give us in the future.

Please complete the attached W-4P – Withholding Certificate for Pension or Annuity payments.

Please return the W-4P with your completed claim form. We will be required to withhold 10% of the taxable part of the payment if we have not received your election not to have income tax withheld by the time payment is made to you.

Fraud Statements

Arizona Fraud Warning

For your protection Arizona law requires the following to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

California Fraud Warning

For your protection California Law requires the following to appear on this form: any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado Fraud Warning

It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

District of Columbia & Rhode Island Fraud Warning

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Florida Fraud Warning

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Maryland Fraud Warning

Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and may be subject to fines and confinement in prison.

New Jersey Fraud Warning

Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

Oregon Fraud Warning

Willfully falsifying material facts on an application or claim may subject you to criminal penalties.

Pennsylvania Fraud Warning

Any person who knowingly and with 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.

Puerto Rico Fraud Warning

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. If aggravating circumstances are present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

Virginia Fraud Warning

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Fraud Warning For All Other States

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.



Claim Form

Please type or print legibly

Please return this Claim Form together with a certified copy of the death certificate and any other documentation required to:

New York Life Ins. & Annuity Corp. AARP Lifetime Income Program/Claims Serv. PO Box 30713, Tampa, FL 33630-3713

1. Please list all annuity contract numbers for your claim.

2. Please tell us about the Deceased	i.						
Name					State of l	Residence	
First Middle Initio	ıl	Last			at Time	n Death	
Date of Dooth	Data of Pinth				Cause of 1	Dooth.	
Date of Death Month Day Year	Date of Birth	Month	Day Ye	ear	□ Natural		☐ Suicide*
					☐ Accide:	nt*	☐ Unknown
	Place of Birth				☐ Homici	de*	☐ Other
		State	Country				
* Please attach co	opies of police and core	oner's report a	nd any relev	vant news	articles.		
3. Please tell us about the Beneficia	ary						
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City State	Zip						
Beneficiary Social Security or Taxpayer Identification Number			Date of 1	Birth		/	/
					Month	Dag	y Year
I have not been notified by the Internal Revenue S dividends, or I am exempt. Cross out this stateme			-up withho	olding as	a result of	failure to re	eport all interest or
dividends, of I am exempt. Cross out this statement	•	n nouncu.					
In what capacity are you making this claim?	☐ Beneficiary	☐ Execut	tor \square T	rustee		Assignee	☐ Other
Relationship to the Deceased:	☐ Spouse	☐ Child		Grandch	ild 🗆	Parent	☐ Other
4 TO 014							
4. Beneficiary Signature							
I certify that the Social Security or Tax							
are correct. I also certify that I am a BEN).	U.S. person, inclu	ding a U.S.	resident	alien (n	on-US per	son must	complete form W8-
• The Internal Revenue Service does no	t require your cor	nsent to any	y provisio	n of this	s documen	t other tha	an the certifications
required to avoid back-up withholding.	•	-					
In addition, I have read and understand the F person who knowingly and with intent to defr claim containing any materially false inform thereto, commits a fraudulent insurance act, w and the stated value of the claim for each such	aud any insurance o ation, or conceals thich is a crime, and	company or for the purp	other personse of mis	on files a sleading,	an applicati informatio	on for insur on concerni	rance or statement of ing any fact material
Signature				Date			



Department of the Treasury Internal Revenue Service

Your signature ▶

Withholding Certificate for Pension or Annuity Payments

OMB No. 1545-0074

2013

Purpose. Form W-4P is for U.S. citizens, resident aliens, or their estates who are recipients of pensions, annuities (including commercial annuities), and certain other deferred compensation. Use Form W-4P to tell payers the correct amount of federal income tax to withhold from your payment(s). You also may use Form W-4P to choose (a) not to have any federal income tax withheld from the payment (except for eligible rollover distributions or payments to U.S. citizens delivered outside the United States or its possessions) or (b) to have an additional amount of tax withheld.

Your options depend on whether the payment is periodic, nonperiodic, or an eligible rollover distribution, as explained on pages 3 and 4. Your previously filed Form W-4P will remain in effect if you do not file a Form W-4P for 2013.

What do I need to do? Complete lines A through G of the Personal Allowances Worksheet. Use the additional worksheets on page 2 to further adjust your withholding allowances for itemized deductions, adjustments to income, any additional standard deduction, certain credits, or multiple pensions/more-than-one-income situations. If you do not want any federal income tax withheld (see *Purpose*, earlier), you can skip the worksheets and go directly to the Form W-4P below.

Sign this form. Form W-4P is not valid unless you sign it.

Date ▶

Future developments. The IRS has created a page on IRS.gov for information about Form W-4P and its instructions, at www.irs.gov/w4p. Information about any future developments affecting Form W-4P (such as legislation enacted after we release it) will be posted on that page.

		we release it) will be post		
	Pe	ersonal Allowances Worksheet (Keep for your	records.)	
A Enter "1"	• You are single an	se can claim you as a dependent		A
B Enter "1"	if: \ has no income sub	ject to withholding; or		В
	pension or wages (n a second pension or a job or your spouse's or the total of all) is \$1,500 or less.		
income s	ubject to withholding or	ou may choose to enter "-0-" if you are married and more than one source of income subject to withhole	ding. (Entering "-0-	-" may help
•	_	nheld.)		_
		f household on your tax return		
	-	onal child tax credit). See Pub. 972, Child Tax Credit,		
• If your t	otal income will be less	than \$65,000 (\$95,000 if married), enter "2" for each lren or less "2" if you have seven or more eligible chil	n eligible child; ther	
• If your		ween \$65,000 and \$84,000 (\$95,000 and \$119,000		1" for each
eligible ch				F
Add lines A	through F and enter total he	ere. (Note. This may be different from the number of exemption	ns you claim on your to	ax return.) G
that appl	If neither of the of Form W-4P b	e-Than-One-Income Worksheet on page 2 to avoid above situations applies, stop here and enter the nucleiow. Form W-4P to the payer of your pension or annuity. Kee	umber from line G o	on line 2
www.W-	AP	Withholding Certificate for		OMB No. 1545-0074
Pension or Annuity Payments			2013	
Department of the Tenternal Revenue Se		► For Privacy Act and Paperwork Reduction Act Notice, see page	ge 4.	
our first name	e and middle initial	Last name	Your	social security number
lome address	(number and street or rura	route)	(if any	or identification number /) of your pension or
City or town, s	tate, and ZIP code		annul	ty contract
-	e following applicable			_
	•	ederal income tax withheld from your pension or annuity.		•
		marital status you are claiming for withholding from lesignate an additional dollar amount on line 3.)	•	-
		Married Married, but withhold at higher Single		(Enter numbe
3 Additiona	I amount, if any, you wa	unt withheld from each pension or annuity payment. without entering the number (including zero) of allow.	(Note. For periodic	
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Form W-4P (2013) Page **2**

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Form W-4P (2013) Page **3**

Additional Instructions

Section references are to the Internal Revenue Code.

When should I complete the form? Complete Form W-4P and give it to the payer as soon as possible. Get Pub. 505, Tax Withholding and Estimated Tax, to see how the dollar amount you are having withheld compares to your projected total federal income tax for 2013. You also may use the IRS Withholding Calculator at www.irs.gov/individuals for help in determining how many withholding allowances to claim on your Form W-4P.

Multiple pensions/more-than-one income. To figure the number of allowances that you may claim, combine allowances and income subject to withholding from all sources on one worksheet. You may file a Form W-4P with each pension payer, but do not claim the same allowances more than once. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4P for the highest source of income subject to withholding and zero allowances are claimed on the others.

Other income. If you have a large amount of income from other sources not subject to withholding (such as interest, dividends, or capital gains), consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Call 1-800-TAX-FORM (1-800-829-3676) to get Form 1040-ES and Pub. 505. You also can get forms and publications at www.irs.gov/formspubs.

If you have income from wages, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or Form W-4P.

Note. Social security and railroad retirement payments may be includible in income. See Form W-4V, Voluntary Withholding Request, for information on voluntary withholding from these payments.

Withholding From Pensions and Annuities

Generally, federal income tax withholding applies to the taxable part of payments made from pension, profit-sharing, stock bonus, annuity, and certain deferred compensation plans; from individual retirement arrangements (IRAs); and from commercial annuities. The method and rate of withholding depend on (a) the kind of payment you receive; (b) whether the payments are delivered outside the United States or its commonwealths and possessions; and (c) whether the recipient is a nonresident alien individual, a nonresident alien beneficiary, or a foreign estate. Qualified distributions from a Roth IRA are nontaxable and, therefore, not subject to withholding. See page 4 for special withholding rules that apply to payments outside the United States and payments to foreign persons.

Because your tax situation may change from year to year, you may want to refigure your withholding each year. You can change the amount to be withheld by using lines 2 and 3 of Form W-4P.

Choosing not to have income tax withheld. You (or in the event of death, your beneficiary or estate) can choose not to have federal income tax withheld from your payments by using line 1 of Form W-4P. For an estate, the election to have no income tax withheld may be made by the executor or personal representative of the decedent. Enter the estate's employer identification number (EIN) in the area reserved for "Your social security number" on Form W-4P.

You may not make this choice for eligible rollover distributions. See *Eligible rollover distribution*—20% withholding on page 4.

Caution. There are penalties for not paying enough federal income tax during the year, either through withholding or estimated tax payments. New retirees, especially, should see Pub. 505. It explains your estimated tax requirements and describes penalties in detail. You may be able to avoid quarterly estimated tax payments by having enough tax withheld from your pension or annuity using Form W-4P.

Periodic payments. Withholding from periodic payments of a pension or annuity is figured in the same manner as withholding from wages. Periodic payments are made in installments at regular intervals over a period of more than 1 year. They may be paid annually, quarterly, monthly, etc.

If you want federal income tax to be withheld, you must designate the number of withholding allowances on line 2 of Form W-4P and indicate your marital status by checking the appropriate box. Under current law, you cannot designate a specific dollar amount to be withheld. However, you can designate an additional amount to be withheld on line 3.

If you do not want any federal income tax withheld from your periodic payments, check the box on line 1 of Form W-4P and submit the form to your payer. However, see *Payments to Foreign Persons and Payments Outside the United States* on page 4.

Caution. If you do not submit Form W-4P to your payer, the payer must withhold on periodic payments as if you are married claiming three withholding allowances. Generally, this means that tax will be withheld if your pension or annuity is at least \$1,680 a month.

If you submit a Form W-4P that does not contain your correct social security number (SSN), the payer must withhold as if you are single claiming zero withholding allowances even if you checked the box on line 1 to have no federal income tax withheld

There are some kinds of periodic payments for which you cannot use Form W-4P because they are already defined as wages subject to federal income tax withholding. These payments include retirement pay for service in the U.S. Armed Forces and payments from certain nonqualified deferred compensation plans and deferred compensation plans described in section 457 of tax-exempt organizations. Your payer should be able to tell you whether Form W-4P applies.

For periodic payments, your Form W-4P stays in effect until you change or revoke it. Your payer must notify you each year of your right to choose not to have federal income tax withheld (if permitted) or to change your choice.

Nonperiodic payments—10% withholding. Your payer must withhold at a flat 10% rate from nonperiodic payments (but see *Eligible rollover distribution—20% withholding* on page 4) unless you choose not to have federal income tax withheld. Distributions from an IRA that are payable on demand are treated as nonperiodic payments. You can choose not to have federal income tax withheld from a nonperiodic payment (if permitted) by submitting Form W-4P (containing your correct SSN) to your payer and checking the box on line 1. Generally, your choice not to have federal income tax withheld will apply to any later payment from the same plan. You cannot use line 2 for nonperiodic payments. But you may use line 3 to specify an additional amount that you want withheld.

Caution. If you submit a Form W-4P that does not contain your correct SSN, the payer cannot honor your request not to have income tax withheld and must withhold 10% of the payment for federal income tax.

Form W-4P (2013)

Eligible rollover distribution—20% withholding. Distributions you receive from qualified pension or annuity plans (for example, 401(k) pension plans and section 457(b) plans maintained by a governmental employer) or tax-sheltered annuities that are eligible to be rolled over tax free to an IRA or qualified plan are subject to a flat 20% federal withholding rate. The 20% withholding rate is required, and you cannot choose not to have income tax withheld from eligible rollover distributions. Do not give Form W-4P to your payer unless you want an additional amount withheld. Then, complete line 3 of Form W-4P and submit the form to your payer.

Note. The payer will not withhold federal income tax if the entire distribution is transferred by the plan administrator in a direct rollover to a traditional IRA or another eligible retirement plan (if allowed by the plan), such as a qualified pension plan, governmental section 457(b) plan, section 403(b) contract, or tax-sheltered annuity.

Distributions that are (a) required by law, (b) one of a specified series of equal payments, or (c) qualifying "hardship" distributions are **not** "eligible rollover distributions" and are not subject to the mandatory 20% federal income tax withholding. See Pub. 505 for details. See also *Nonperiodic payments*—10% withholding on page 3.

Changing Your "No Withholding" Choice

Periodic payments. If you previously chose not to have federal income tax withheld and you now want withholding, complete another Form W-4P and submit it to your payer. If you want federal income tax withheld at the rate set by law (married with three allowances), write "Revoked" next to the checkbox on line 1 of the form. If you want tax withheld at any different rate, complete line 2 on the form.

Nonperiodic payments. If you previously chose not to have federal income tax withheld and you now want withholding, write "Revoked" next to the checkbox on line 1 and submit Form W-4P to your payer.

Payments to Foreign Persons and Payments Outside the United States

Unless you are a nonresident alien, withholding (in the manner described above) is required on any periodic or nonperiodic payments that are delivered to you outside the United States or its possessions. You cannot choose not to have federal income tax withheld on line 1 of Form W-4P. See Pub. 505 for details.

In the absence of a tax treaty exemption, nonresident aliens, nonresident alien beneficiaries, and foreign estates generally are subject to a 30% federal withholding tax under section 1441 on the taxable portion of a periodic or nonperiodic pension or annuity payment that is from U.S. sources. However, most tax treaties provide that private pensions and annuities are exempt from withholding and tax. Also, payments from certain pension plans are exempt from withholding even if no tax treaty applies. See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities, and Pub. 519, U.S. Tax Guide for Aliens, for details. A foreign person should submit Form W-8BEN, Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding, to the payer before receiving any payments. The Form W-8BEN must contain the foreign person's taxpayer identification number (TIN).

Statement of Federal Income Tax Withheld From Your Pension or Annuity

Page 4

By January 31 of next year, your payer will furnish a statement to you on Form 1099-R, Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc., showing the total amount of your pension or annuity payments and the total federal income tax withheld during the year. If you are a foreign person who has provided your payer with Form W-8BEN, your payer instead will furnish a statement to you on Form 1042-S, Foreign Person's U.S. Source Income Subject to Withholding, by March 15 of next year.

Privacy Act and Paperwork Reduction Act Notice

We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to provide this information only if you want to (a) request federal income tax withholding from periodic pension or annuity payments based on your withholding allowances and marital status, (b) request additional federal income tax withholding from your pension or annuity, (c) choose not to have federal income tax withheld, when permitted, or (d) change or revoke a previous Form W-4P. To do any of the aforementioned, you are required by sections 3405(e) and 6109 and their regulations to provide the information requested on this form. Failure to provide this information may result in inaccurate withholding on your payment(s). Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.