



Lifetime Income
Program from



New York Life Insurance and Annuity Corporation
AARP Operations
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 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.

Illinois Interest Statement:

If the contract was issued in Illinois, you will be paid 9% interest, from the date of death, if your claim is not paid within 15 days of receiving the necessary proof needed to settle the claim.

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.



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.

Name (First, Middle Initial, Last), State of Residence at Time of Death, Date of Death (Month, Day, Year), Date of Birth (Month, Day, Year), Cause of Death (Natural, Accident, Homicide, Suicide, Unknown, Other), Place of Birth (State, Country)

* Please attach copies of police and coroner's report and any relevant news articles.

3. Please tell us about the Beneficiary

Name, Sex (Male, Female), Mailing Address (Street, Apartment No., City, State, Zip), Home Phone No., Business Phone No., Date of Birth (Month, Day, Year), Beneficiary Social Security or Taxpayer Identification Number

I have not been notified by the Internal Revenue Service that I am subject to back-up withholding as a result of failure to report all interest or dividends, or I am exempt. Cross out this statement if you have been notified.

In what capacity are you making this claim? (Beneficiary, Executor, Trustee, Assignee, Other)
Relationship to the Deceased: (Spouse, Child, Grandchild, Parent, Other)

4. Beneficiary Signature

- I certify that the Social Security or Taxpayer Identification Number and Back-up Withholding status information in Section 3 are correct. I also certify that I am a U.S. person, including a U.S. resident alien (non-US person must complete form W8-BEN).
The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid back-up withholding.

In addition, I have read and understand the Fraud Statement that is applicable to the state in which I reside. New York Residents: 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Signature _____ Date _____