



The Company You Keep®

AGENT APPOINTMENT REQUEST FORM FOR NEW YORK LIFE INSURANCE AND ANNUITY CORP.

Please check the applicable boxes below:

- | | | | |
|---------------------------------|--|--|---|
| <input type="checkbox"/> Fixed | <input type="checkbox"/> Variable | <input type="checkbox"/> Both Fixed and Variable | <input type="checkbox"/> Structured Settlements |
| <input type="checkbox"/> Broker | <input type="checkbox"/> Platform Bank Rep | <input type="checkbox"/> Dedicated Bank Rep | <input type="checkbox"/> Active Member/Qualifying Officer |

Note: Appointments are subject to the terms of your Firm's Sales Agreement with New York Life Insurance and Annuity Corp.

Agent Name: _____ Former Name: _____

Agency Name: _____

Broker/Dealer Name: _____

(Applicable for Variable Annuity Sales Only)

Agent's Branch Address: _____

(Please note this address will be used for mailing purposes)

Is this a Bank Branch: Yes or No

Business Telephone #: _____

Agent's Business E-mail Address: _____

Agent's Home Address: _____

Agent's Home Telephone #: _____

Social Security #: _____ Date of Birth:*

*For purposes of performing consumer reports or investigate consumer reports and obtaining appointment.

Agent's Resident State: _____ License #: _____

NPN #: _____

Lines of Authority: Life Health Variable Contracts FINRA Registered Other

List additional states in which Agent is licensed and is requesting appointment: _____

Background Information: (Please answer all seven (7) questions with a "YES" or "NO" response)

1. Have you ever been charged and/or convicted of any offense other than a minor traffic violation? _____
2. Have you ever had a complaint filed against you with an insurance department or any other regulatory agency? _____
3. Have you ever declared personal bankruptcy? _____
4. Have you ever been fined by an insurance or securities regulatory agency? _____
5. Have you ever been denied an insurance license or had an insurance license suspended or revoked in any state? _____
6. Are there any lawsuits, judgments or liens pending against you? _____
7. Have you ever been appointed and/or affiliated either directly or indirectly with New York Life or any of its subsidiaries? _____

Note: If you answer "YES" to any of the above questions, you must attach a signed explanation of OFFICAL DOCUMENTATION to this form.

Authorization Release:

I understand and agree that I may be the subject of a consumer report or an investigative consumer report ordered by New York Life Insurance and Annuity Corporation (hereinafter referred to as NYLIAC). I hereby acknowledge receipt of a separate document titled "DISCLOSURE" advising me of the investigation and of my rights. I hereby release former employers, insurance companies, police departments or any other person from liability by reason of furnishing NYLIAC or its agents any information in their possession concerning my character, credit worthiness, ability, business activities, educational background, general reputation, together with in the case of former employers, a history of my employment and the reason(s) for termination thereof. I understand that I have the right to request, in writing, disclosure of any investigation by NYLIAC, including the nature and scope of any such investigation. NYLIAC reserves the right to conduct additional investigations. I understand and agree that any misrepresentation of the facts contained herein constitutes grounds for termination for cause of such appointment made by NYLIAC.

I authorize the release of commission payments to the licensed agency indicated above and further agree to indemnify and hold NYLIAC harmless from any liability resulting from or arising out of any payments made in accordance with such designation. I further acknowledge that there is no contractual or employment relationship between NYLIAC and myself, the agent. I shall comply with the rules and regulations of NYLIAC, and the laws and regulations of the State Insurance Department relating to my activities in the solicitation of insurance. I agree not to solicit business until I am licensed by the applicable State Insurance Department and have been notified that I am properly appointed with NYLIAC.

Note: Authorization Release must be signed by all agents seeking appointment with NYLIAC

Agent's Signature: (photocopy of signature as valid as original signature)

Date: