



Annuities

Policy Service Request

If you need assistance, please contact Client Services at 1-800-762-6212 or your Representative.

- Fill in your policy details below and complete the section that applies to the change or changes you would like to make.

<input type="checkbox"/> Ownership, Section 2 and 13	<input type="checkbox"/> Name, Section 6 and 13	<input type="checkbox"/> Full Surrender, Section 9,10,11 & 13
<input type="checkbox"/> Beneficiary, Section 3 and 13	<input type="checkbox"/> Partial Withdrawal, Section 7,10,11,13	<input type="checkbox"/> Additional Information, Section 12
<input type="checkbox"/> Address, Section 4 and 13	<input type="checkbox"/> Periodic Partial Withdrawal,	
<input type="checkbox"/> Annuity Date, Section 5 and 13	Section 8, 10, 11, 13	
- Mail the completed form to the address shown on the back of this form.

1. Policy number(s)		Representative
Owner (first, middle initial, last)	Social Security or Tax ID number	Telephone number ()
Joint Owner, if any (first, middle initial, last)	Social Security or Tax ID number	Telephone number ()

2. **Ownership Change.** If changing the ownership to a Trust, please provide those pages of the Trust that show the name of the Trust, the Trust date, and the name(s) and signature(s) of the Trustees. *The current owner(s) and the new owner(s) must sign in Section 13.* An ownership change may have tax implications. For more information, contact your tax adviser.

New Owner (first, middle initial, last)	Social Security or Tax ID number	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth
New Joint Owner, if any (first, middle initial, last)	Social Security or Tax ID number	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth
Owner's address	City	State	Zip Code

Please also complete section 13.

3. **Beneficiary Change.** The beneficiaries named here will replace all previous beneficiaries. If naming a Trust as the beneficiary, please provide those pages of the Trust that show the name of the Trust, the Trust date, and the name(s) and the signature(s) of the Trustees. If you need additional space, please complete section 12.

Full name (first, middle initial, last)	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Relationship to Owner	DOB	%
Full name (first, middle initial, last)	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Relationship to Owner	DOB	%
Full name (first, middle initial, last)	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Relationship to Owner	DOB	%
Full name (first, middle initial, last)	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Relationship to Owner	DOB	%

Please also complete section 13.

4. **Address Change.** Please provide details of your new address. *All future correspondence will be sent to this new address.*

Address		
City	State	Zip Code

Please also complete section 13.

5. **Annuity Date Change.** Please defer my Annuity Commencement Date to:

(MM/DD/YY)

Please also complete section 13.

6. **Name Change or Correction.** This section is **NOT to be used to transfer ownership or change beneficiary designations.** Reason for change or correction (check one and attach copy of documentation):

☐ Marriage ☐ Divorce ☐ Court Order ☐ Other

Print former name (first, middle initial, last)	Print new or corrected name (first, middle initial, last)
---	---

Please also complete section 13.

7. **Partial Withdrawal.** Minimum withdrawal amount is \$100. **Minimum remaining value in your policy must be \$2,000.**

Check one:

- ☐ Withdraw the maximum amount that is not subject to surrender charges.
☐ Withdraw ____%. I am aware I may incur a surrender charge.
☐ Withdraw \$ _____. ☐ Net or ☐ Gross I am aware I may incur a surrender charge.

Please also complete sections 10, 11, & 13.

8. Periodic Partial Withdrawal. Please indicate type of withdrawal.

- ☐ Specified Amount (Minimum \$100) \$ _____ ☐ Percentage _____ %
☐ 10% Window Amount ☐ 15% Window Amount (if applicable)
☐ Interest Only (Minimum Accumulation Value \$2,000)
☐ Required Minimum Distribution (RMD): Complete for RMD calculation (elect one):
☐ Uniform Distribution Period applies, unless spousal option elected.
☐ Spousal Beneficiary, if spouse is sole beneficiary and 10 years younger.

Name _____ SS# _____ DOB _____

☐ Please withdraw \$ _____ from my policy to satisfy my RMD based upon my calculation for this year. Note: surrender charges may apply.

Frequency: ☐ Monthly ☐ Quarterly ☐ Semi-Annually ☐ Annually (If not checked, withdrawals will be made monthly.)

Payment Date: ____/____/____ (Note: This is the date the funds are withdrawn from your contract, **NOT** the date that they will be received.)
month day year

Please also complete sections 10, 11 & 13.

9. Full Surrender. I request to surrender my MainStay annuity policy. I am aware that I may incur a surrender charge.

Check One: ☐ The policy is lost or destroyed. ☐ The policy is enclosed.
☐ I certify that, if the policy is lost or destroyed, it has not been assigned or pledged as collateral.

Please also complete sections 10, 11 & 13.

10. Important Tax Information. Any withdrawal may result in a taxable distribution, which we will report to the IRS. In addition, a 10% IRS penalty may be imposed if you receive a withdrawal prior to age 59 1/2, unless you are disabled or some other exception applies.

If you own a **nonqualified annuity**, the taxable portion of your withdrawal is subject to federal income tax withholding at a flat rate of 10%, unless you tell us that you do not want federal income taxes withheld by checking the appropriate box below. You must provide us with your Social Security Number to make this election.

If you choose not to have federal income taxes withheld from withdrawals from a nonqualified annuity, or if the amount withheld is not enough, you may be responsible for paying estimated federal taxes to avoid an IRS penalty. You can change your withholding election at any time by filling out IRS Form W-4P and sending it to MainStay Annuities, 2400 Reliable Parkway, Chicago, IL 60686.

In addition, some states require that state income taxes be withheld when federal income taxes are withheld. If you live in one of these states, we will withhold state income taxes as required by your state.

If you own a **Section 403(b) Tax Sheltered Annuity**, a partial withdrawal or full surrender is generally subject to mandatory 20% federal income tax withholding, unless the distribution is directly rolled over or transferred to an Individual Retirement Account (IRA) or to another eligible tax-qualified plan. If you choose to have your withdrawal/surrender proceeds paid to you, you will receive only 80% of the withdrawal/surrender payment. You can roll over the payment by paying it to an IRA (or another eligible plan that will accept the payment) within 60 days of receiving the payment. The amount rolled over will not be taxed to you in the current year. If you want to avoid tax on the entire amount of the withdrawal/surrender payment, by rolling over 100% of the withdrawal/surrender payment to an IRA, you must use other funds to replace the 20% that was withheld.

Your signature on this form confirms that you have read this notice and make the following choice for future distributions:

Check one: ☐ No income tax to be withheld. ☐ Income tax to be withheld _____ % (please use whole percentages).
(If you do not check a box, we will withhold at the rate of 10% of the taxable portion from future distributions, unless we are required to withhold at a higher rate.)

11. Method of Payment. If funds are sent to a Financial Institution, they may be transmitted via Electronic Funds Transfer.

☐ Owner's Address ☐ Checking Account ☐ Savings Account ☐ Other

Name of Financial Institution: _____

Address: _____

Address: _____

Routing number: _____

Account holder's name(s): _____

Account number: _____

12. Additional Information.

13. Required Signatures – Your signature confirms that all information on this form is correct. You are aware that an ownership change may have tax implications.

Owner's signature _____ Date _____

Joint Owner's signature _____ Date _____

New Owner's signature _____ Date _____

New Joint Owner's signature _____ Date _____

Mail your completed form to:
MainStay Annuities
2400 Reliable Parkway
Chicago, IL 60686

Overnight/Express Mail:
National City Corporation
Attn: MainStay Annuities/Lockbox #2400
5635 S. Archer Avenue
Chicago, IL 60638