

Check-O-Matic (C-O-M) - New Business Cases Only

- 1. New York Life Insurance Company, New York Life Insurance and Annuity Corporation or NYLIFE Insurance Company of Arizona, as indicated in this application, will direct the transfer of funds from the account you designate. This transfer will be used to pay premiums on the policy (policies) and/or monthly Option to Purchase Paid-up Additions (OPP) premiums. This transfer will be done each month on a regular schedule established by us. You will not receive premium notices while this arrangement is in effect.
- 2. This arrangement does not change the premium due dates specified in the policy and it does not extend any of the grace or late periods for paying these premiums. The policy or policies will lapse at the end of the grace or late period if the premium remains unpaid.
- 3. Any policy included under this arrangement is subject to our minimum and maximum premium and OPP premium rules.
- 4. The arrangement will apply to the policies listed below and will cover all future premiums and any current premiums that have not yet been paid.

Complete information below:

Primary Insured's Name: _____

Policy Number _____ or Tracking Number: _____

Indicate Type:

- Single Check-O-Matic Check-O-Matic OPP
 - Multiple Check-O-Matic Previous Case Reference Number or Policy Number _____
 - Add to Check-O-Matic Previous Case Reference Number or Policy Number _____
- Concurrent Insured's Name _____ Date of Birth: ____/____/____

Account Names

Attach Blank VOIDED Check

Bank Routing # / Account #
_____/_____

Authorization Statement for Check-O-Matic (applies to Premium payments only)

I understand that I may stop this payment arrangement by notifying the Insurer. The owner of each policy may stop it for his or her own policy. The arrangement ends on the day the Insurer receives the notice.

By initialing below I/We authorize New York Life Insurance Company or one of its subsidiaries to make monthly withdrawals from the account named above. I/We also authorize the Financial Institution named above to debit my/our account accordingly:

Initials of Depositor(s) _____ Relationship: Primary Insured Owner Applicant Payor Other _____