New York Life Asset Flex Product Guide

Retail Life 3rd Party Distribution
Advanced Market Network

This guide provides technical information, features, and benefit descriptions for Asset Flex for Advanced Market Network financial professionals who are licensed to offer Asset Flex policies.

While we have made every effort to ensure the accuracy of the summary information in this guide, please consult the state-specific specimen policy for exact Policy definitions, exclusions, and limitations. In the event of a discrepancy, the terms of the company's policy form will prevail.

Asset Flex is currently available for Advanced Market Network sales in all states except New York State

For Advanced Market Network Asset Flex sales assistance
Phone: 888-695-4748, option 4 | Email: AMN_Sales_Support@newyorklife.com | Web: https://www.newyorklife.com/amn

For Advanced Market Network Asset Flex inforce policies customer service
Phone: 866-695-3289 | Email: AMNSC@newyorklife.com | Web: https://www.mynyl.newyorklife.com

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Asset Flex AD120

This guide provides an overview of New York Life's Asset Flex AD120 product forAdvanced Market Network financial professionals. Asset Flex is New York Life's universal life insurance policy that provides the ability for policy owners to use some or all of the policy's life insurance benefits to pay for long-term care (LTC) expenses or terminal illness. It also provides an additional pool of long-term care insurance (LTCi) benefits that may be utilized through the Extension of Benefits (EOB) rider once the life insurance benefits have been exhausted due to LTC claim costs. Upon the death of the insured, any portion of the life insurance not used for LTC will be paid to the beneficiary as a death benefit, usually tax-free.

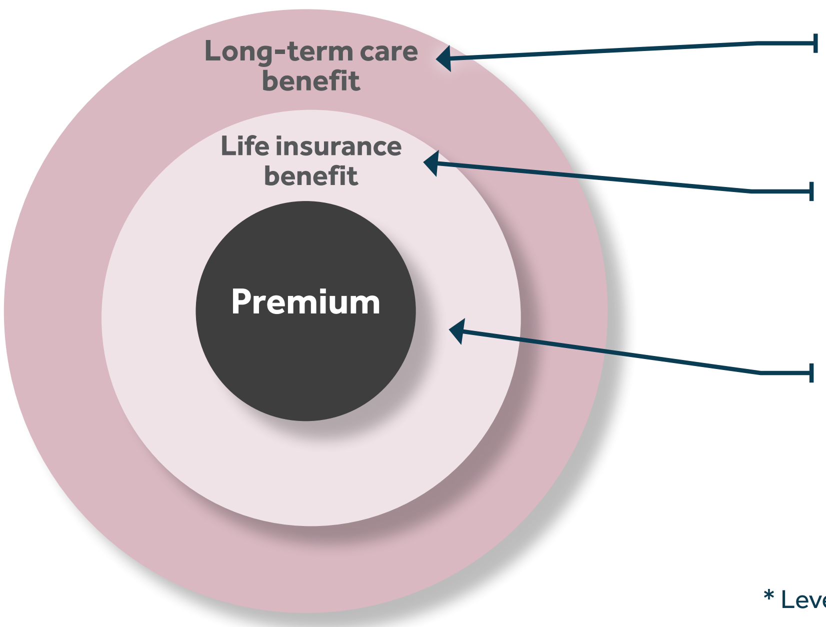
Asset Flex is designed to help protect against the depletion of assets from the cost of LTC, while also providing the security and benefits of cash value life insurance if LTC benefits are not needed. Combined, the total long-term care benefits can be worth four to five times or more than the invested premium, and the life benefit nearly two times the premium.*

Live, Quit, or Die

Regardless of what life brings, Asset Flex offers flexibility and can adapt to your needs.

How Asset Flex works

Combined, the total long-term care benefits can be worth four to five times or more than the invested premium, and the life insurance benefit nearly two times the premium.*



Live: Use the total long-term care benefits if needed

Die: Leave the death benefit to your beneficiaries if you don't use the long-term care benefits

Quit: Receive 80% of your premium back if you have an unexpected financial need

* Leverage amount dependent on age, sex, and health.

Topic	**Page**

(click to advance)

General Terms and Information

<table>
<tr><th>Name</th><th>Description</th><th>State Variation</th></tr>
<tr><td>Issuing Company</td><td>New York Life Insurance and Annuity Corporation (NYLIAC), a wholly owned subsidiary of New York Life Insurance Company.</td><td>None</td></tr>
<tr><td>Issuing Ages/Payment Plans</td><td>Available payment frequencies: Single pay, 5-pay, 10-pay, or 15-pay.

Asset Flex can be purchased in a single payment between ages 30-75.
Asset Flex can also be purchased through a recurring premium payment.

Available modal premiums for recurring payment frequencies: annual, semi-annual, quarterly, or monthly automatic bank draft (Check-O-Matic).

• 5-year plan available between ages of 30-75
• 10-year plan available between ages of 30-70
• 15-year plan available between ages of 30-65

Note: All payments must be completed by age 80. Clients may switch between modal premiums after policy issue.</td><td>None</td></tr>
<tr><td>Face Amount</td><td>The face amount of the Asset Flex policy is equivalent to the value of the life insurance purchased. It will remain constant, unless decreased by either a partial surrender or a long-term care (LTC) claim, or increased by the Inflation Protection Rider, or an underwritten increase. The LTC acceleration benefit amount is the value of the insured's LTC acceleration benefits if their life insurance face amount is used to pay for LTC.

See following table for details on these terms:

<table>
<tr><th></th><th colspan="2">Life Insurance Face Amount/
LTC Acceleration Benefit (varies in some states)</th></tr>
<tr><td>LTC Acceleration Benefit Duration</td><td>2 year</td><td>3 year</td></tr>
<tr><td>Minimum</td><td>$24,000</td><td>$36,000</td></tr>
<tr><td>Maximum</td><td>$500,000</td><td>$750,000</td></tr>
</table>

All Advanced Market Network Asset Flex sales must meet a minimum $50,000 cumulative premium floor.</td><td>California: face amount minimum:
$36,000 / 2 year
$54,000 / 3 year

Florida: face amount minimum:
$36,000 / 2 year
$54,000 / 3 year

more states next page...</td></tr>
</table>

General Terms and Information, continued

Name	Description	State Variation
Face Amount, continued	Continued from prior.	**South Dakota:** face amount minimum: $72,000 / 2 year $108,000 / 3 year **Vermont:** face amount minimum: $54,000 / 2 year $81,000 / 3 year **Wisconsin:** face amount minimum: $43,200 / 2 year $64,800 / 3 year
Minimum Premium	All Advanced Market Network Asset Flex sales must meet a minimum $50,000 cumulative premium floor. 1035 exchange premium does not count towards meeting the minimum premium requirements.	None
Benefit Increases	Benefit increase requests on existing Asset Flex policies are allowed if approved by underwriting.	None

Tax Incentives

Name	Description	State Variation
Federal Tax Incentives	Asset Flex premiums for the long-term care acceleration, extension, inflation protection, and extension of benefits non-forfeiture rider components of the policy may be considered tax-qualified, if certain requirements are met. To qualify, the premium for the LTC portions of the policy must be separate from the life insurance premiums, the LTC portion of premium must be easily identifiable, and the LTC portion of premiums must not be funded from the cash value and must not affect the cost basis of the policy. Asset Flex meets these requirements. If Future Inflation Purchase Option (FIPO) is selected, only LTC Acceleration and Extension of Benefits Rider (EOB) are deemed as LTC insurance/medical expense. For individuals, Federal tax incentives may apply to both the premium and benefits paid on a policy.	
Policy Benefits	Policy benefits are tax-free.	

Long-Term Care Benefits

<table>
<tr><th>Name</th><th>Description</th><th>State Variation</th></tr>
<tr><td>LTC Acceleration Benefit Rider</td><td>This rider gives the policy owner the option to draw down the face amount of the life insurance to be used towards the insured's LTC expenses. The initial long-term care acceleration benefit amount is determined by the amount of life insurance purchased.

The long-term care acceleration benefit is a constant value unless benefits increase over time due to optional inflation protection or decrease due to a partial surrender, or benefits are used for qualified long-term care services. To qualify, the insured must be certified as chronically ill under the terms of the policy and satisfy a one-time 90-day waiting period for facility care, and/or zero day waiting period for home care (see Care Planner Benefit Requirement).

LTC benefits include home health care, assisted living, nursing facility, care provided through hospice, adult day care, and homemaker services. See the policy for details about benefits and meeting eligibility requirements for payment of long-term care benefits. In the event that the policy owner misses the planned premium while using acceleration benefits, the policy and rider will enter a grace period as defined in the contract.</td><td>None</td></tr>
<tr><td>LTC Acceleration Benefit Duration</td><td>The LTC Acceleration Benefit Duration refers to the duration of time it will take to draw down the acceleration benefit pool from the policy if the full monthly maximum is utilized each month. The benefits may last longer than 2 years or 3 years.

The policy owner chooses whether they prefer the period to be 2 years, or 3 years.

<table><tr><th>Base Acceleration</th><th>Minimum Face Amount</th><th>Maximum Face Amount</th><th>Maximum Long-Term Care Benefit</th></tr><tr><td>2 Year</td><td>$24,000</td><td>$500,000</td><td>$1,500,000</td></tr><tr><td>3 Year</td><td>$36,000</td><td>$750,000</td><td>$1,750,000</td></tr></table>
All Advanced Market Network Asset Flex sales must meet a minimum $50,000 cumulative premium floor.</td><td>California: face amount minimum:
$36,000 / 2 Year
$54,000 / 3 Year

Florida: face amount minimum:
$36,000 / 2 year
$54,000 / 3 year

South Dakota: face amount minimum:
$72,000 / 2 year
$108,000 / 3 year

continued next page...</td></tr>
</table>

Name	Description	State Variation
LTC Acceleration Benefit Duration, continued:	Continued from prior.	**Vermont:** face amount minimum: $54,000 / 2 year $81,000 / 3 year **Wisconsin**: face amount minimum: $43,200 / 2 year $64,800 / 3 year
Monthly Benefit for LTC	The monthly benefit is calculated by dividing the Total Long-term Care Acceleration Benefit by its duration. **Example calculation:** $24,000 acceleration benefits over 2 years (24 months) equals $1,000 per month.	None
Extension of Benefits (EOB) For LTC Rider	This rider provides the policy owner an additional pool of money for qualified LTC services once the proceeds from the acceleration benefit pool have been depleted. The policy owner has the option to extend LTC benefits for an additional 2 or 4 years. In the event that the policy owner misses the planned premium while using Extension of Benefits, the policy and rider will enter a grace period. This rider is available for an additional premium.	None
Extension of Benefits Non-forfeiture Rider	This rider provides benefits for qualified LTC services upon lapse or termination of the policy. This rider may only be elected if the Extension of Benefits for LTC rider is selected. If this rider is elected, an additional charge will be applied and is not considered to be part of the Return of Premium feature.	None
Inflation Protection Rider	The policy owner can choose between two options at the time of the application for an additional premium: **1) Future Inflation Purchase Option (FIPO):** This rider will protect the policy owner's investment against inflation. It provides the policy owner the opportunity to increase the face amount, acceleration and extension benefits and the monthly benefit for LTC benefits of the policy by a 5% compounded rate without any underwriting on each policy anniversary. If this option is not taken after the 2nd policy anniversary, no further offers will be made. **2) Automatic Compounding Inflation Option (ACIO):** Acceleration, extension benefits, and the monthly benefit for LTC benefits will be increased at a 3% compounded rate without additional underwriting on each policy anniversary. While these benefits will initially be lower at inception when compared to a policy with no inflation, the compounded LTC benefits will result in a greater value later in the insured's life.	None

Long-Term Care Benefits, continued

Name	Description	State Variation
Care Plan Benefit and Informal Care	Once on claim, The Care Plan Benefit will provide the policy owner an experienced team of claims specialists, care planners, registered nurses, and licensed social workers to develop a plan of care. The planners help assess needs for LTC services and identify providers. If the Care Plan benefit is elected, the waiting period for the home and community-based care benefit will be reduced from 90 days to zero days. Any home care or Medicare paid days will count towards facility care waiting period. Access to Informal Care, including unskilled Custodial Care provided by a friend or family member, is covered by the Care Plan Benefit; Spouses/Partners are excluded. Informal Care pays 1/60 of the monthly benefit up to maximum of $200 per day, for a maximum of 365 days. Days on which Informal Care are paid will not count toward fulfillment of the Facility Waiting Period.	**California:** Informal Care not available. Refer to the Personal Care Benefit defined on page 10 of this guide
Facility Bed Reservation	The policy owner will be paid the eligible charges of a nursing facility, or an assisted living facility to reserve the insured's place if they are temporarily absent for any reason. However, this is only after the insured has been formally admitted to the facility and has been there for at least one night. New York Life will pay the normal facility charges, up to the Monthly Benefit for LTC to reserve the insured's place, for up to 60 days per year.	None
Hospice Care Benefit	Provides coverage for Hospice services in a facility or in the home. If terminally ill (life expectancy of 6 months or less) the benefit will provide coverage of Eligible Charges up to the Monthly Maximum Benefit (MMB). The Waiting Period does not apply to this benefit and days on which Benefits are paid do not count toward the Waiting Period.	None
International Coverage Benefit	This benefit will pay LTC benefits (provided the insured is in a nursing home) should the insured become benefit eligible while outside of the United States or its territories, for a lifetime maximum of 1 year. **Benefit is subject to U.S. government regulations on restricted countries.** **Calculation:** If the insured's maximum monthly benefit is $10,000, their lifetime maximum is $120,000.	None
In-Home Support Equip-ment	This will cover the charges used to acquire in-home support equipment (if prescribed), with a zero-day wait-ing period. In-Home Support Equipment includes, but is not limited to grab bars, ramps, hospital-style beds, walkers, etc. Calculation: Lower of $5,000 or 2x the maximum monthly benefit for LTC.	None
Caregiver Relief Benefit	A caregiver who is caring for the insured on an unpaid basis (such as Partners or friends), can get a temporary relief from their labor as the policy will cover charges for a temporary licensed health care provider. Such short-term care may include care in a Nursing Facility or an Assisted Living Facility. **Calculation:** The LTC benefits payable will be the actual charges incurred under either the facility benefit, or the Home and Community Benefit, up to the monthly benefit for LTC amount.	None

Long-Term Care Benefits, continued

Name	Description	State Variation
Waiting Period	The waiting period is the number of days an insured has to pay out-of-pocket for LTC services before the policy starts paying benefits. The waiting period can occur anytime and does not have to be consecutive or within a set period of time. It will vary based on the service: • **Facility Care (Nursing and Assisted Living):** 90 days • **Home and Community-Based Care:** 0 days* * Home and Community-Based Care: Zero days **if** the Care Plan Benefit is used;otherwise, it is 90 days. Any paid services rendered under the home and community-based care benefit, or Medicare paid days, are counted towards facility care 90 day waiting period. **LTC Benefits for which the waiting period does not apply:** Hospice Care, Informal Care, In-Home Support Equipment, Caregiver Relief Benefit, and Caregiver Training.	None
Caregiver Training	This benefit helps pay for the cost to train unpaid caregivers. These benefit dollars do not count against the monthly benefit for LTC in a given month. However, LTC benefits paid under this provision will reduce the LTC acceleration benefit balance or Extension of Benefits benefit balance (if applicable) by the amount paid. **Calculation:** If Monthly Benefit for LTC equals $1,000; caregiver training would pay up to $200 (20% of monthly benefit for LTC, which is lifetime maximum) toward training.	None
Alternate Plan of Care	A Benefit for Qualified Long-Term Care Services not specifically covered by the Policy, but that may be approved as eligible for claim payment. Jointly determined by the Insured, the insured's Physician, and the Long-Term Care Claims department. Reassessed at least once every twelve months.	None

Long-Term Care Benefits, continued

Name	Description	State Variation
Personal Care Services (CA only)	Care provided by a skilled or unskilled individual under a Plan of Care developed by a Licensed Health Care Practitioner or a multi-disciplinary team under medical direction. Pays 100% of the Monthly Maximum Benefit. Individual must be employed by a Home Health Care Agency or be properly licensed to provide such Services when a license is required. Currently, CA requires registration, but not a license for independent caregivers. Not payable if caregiver lives with insured. Spouses/partners excluded.	**California:** This is a California-only benefit
Treatment of Premiums While on Claim	As benefits are being drawn for covered LTC expenses, Planned Premiums will continue to be billed. In the event that the policy owner misses the Planned Premium, the policy will enter a grace period and may continue as Reduced Paid up benefits (see RPU). However, if the insured is confined to a nursing facility, assisted living facility, or hospice facility, the policy will continue to pay full benefits under the Accelerated Death Benefit and any Extension of Benefits riders until they are fully exhausted. If the insured recovers before the benefits under the Accelerated Death Benefit and any Extension of Benefits riders are fully exhausted and no planned premiums were paid or reinstated during the period, the policy may continue under RPU, or lapse in the event that there is no cash value to support it.	None
Impact of Charges While Confined to Facility Care	If the policy owner elected a single-pay premium, then they are not affected, given that they have already paid. If the policy owner is on a Planned Premium, they will continue to be billed, but the acceleration related premium will be added to the Cash Value of the policy and its charges will be waived.	None
Underwritten Increase Provision (UIP)	A UIP premium is an unplanned premium payment that will increase the policy's face amount. This provision increases policy benefits up to the maximum face value. It requires a minimum premium increase of $5,000. The maximum premium is limited by the maximum face amount of $500,000 for a 2-year acceleration duration, and $750,000 for a 3-year acceleration duration. Any increase in policy benefits must be approved through necessary underwriting review processes, and the insured must be in equal, or better health than they were at the time of the original policy issuance.	None

Death or Terminal Illness

Name	Description	State Variation
Death Benefit	The Death Benefit is equal to or greater than the face value of the Life Insurance purchased. Upon the insured's death, this value is paid to their specified beneficiary, generally income tax-free. The value is reduced for any outstanding loans or LTC benefits paid from it. NOTE: *The actual death benefit may be higher than the face amount at any point in time due to IRS rules on the definition of death benefit. The face amount and death benefit are also impacted by partial surrender and/or LTC claims. See policy illustration for difference between face amount and death benefit.* **Example Calculation:** If an insured held a $100,000 life insurance policy prior to their death, and they had a $30,000 outstanding policy loan and used $20,000 towards LTC expenses, their death benefit would be $50,000.	None
Residual Death Benefit	The Residual Death Benefit is the amount guaranteed to the beneficiary, in the event that the accelerated Death Benefit has been exhausted by more than 90%. Initially it is equal to 10% of the original life insurance face amount. **Example Calculation:** if an insured originally had a $100,000 life insurance policy, but used $95,000 towards LTC benefits, the beneficiary would receive the Residual Death Benefit of $10,000, since it is greater than $5,000.	None
Acceleration of Benefits for Terminal Illness	This provision allows a policy owner to access the life insurance death benefit, minus a discount factor and processing fee, in the case of an insured's drastically shortened life span (12 months or less). The policy owner is entitled to this benefit upon a doctor's certification of the insured's terminal illness. No other benefits are available after the option is elected.	None
Spouse's Paid-Up Insurance Option	This gives the beneficiary, upon the insured's death, the right to purchase a single premium paid-up whole life policy without showing evidence of insurability. **Note:** The newly purchased single-premium whole life policy does not accelerate benefits for LTC.	None

Return of Premium

Name	Description	State Variation
Return of Premium (ROP)	An 80% Return of Premium (ROP) option is included. The ROP Guarantee is available only after all premiums have been paid. ROP is adjusted for any loans, partial surrender, and LTC benefits paid. Allows the policy owner to access 80% ROP in all years after all planned premiums have been paid.	None
Policy Loan	A policy owner can borrow any amount, up to the loan value of the policy. A policy loan is not available after the LTC benefit is activated. If there is an outstanding loan during an LTC benefit, part of each LTC benefit will be used to pay it down. Loans accrue interest at a maximum of 8%, and there is guarantee interest of 2% credited on borrowed cash value. Loan Balance will reduce Return of Premium (ROP) value.	**California:** policy owners can request a loan while on long-term care claim.

Surrenders

Name	Description	State Variation
Partial Surrenders	Partial surrenders, with a minimum of $500, are allowed, provided face amount is not less than $10,000 after the partial surrender. There will be a $25 service fee, in addition to a surrender charge (e.g. 7%-0% in 8 years on single-pay policies). The cash value of the entire policy is reduced by the amount of the partial surrender, and reduces the following benefits on a proportional basis: **1. Face Amount (cannot be reduced below $10,000)** **2. LTC acceleration benefit** **3. Monthly benefit for LTC** **4. EOB for LTC (if elected).** The Residual Death Benefit will be reduced by 10% of any Partial Surrender and the ROP benefit will be reduced on a dollar-for-dollar basis.	**California:** face amount cannot be reduced below: $36,000 / 2 year $54,000 / 3 year **Florida:** face amount cannot be reduced below: $36,000 / 2 year $54,000 / 3 year **Wisconsin:** face amount cannot be reduced below: $43,200 / 2 year $64,800 / 3 year **Vermont**: face amount cannot be reduced below: $54,000 / 2 year $81,000 / 3 year

Policy charges

<table>
<tr><th>Name</th><th>Description</th><th>State Variation</th></tr>
<tr><td>LTC Acceleration Charge</td><td>Varies by insured and benefits selected.</td><td>None</td></tr>
<tr><td>Extension of Benefits (EOB) Rider Charge</td><td>Varies by insured and benefits selected.</td><td>None</td></tr>
<tr><td>Monthly Charges</td><td>See specific policy for details on guaranteed rates. This charge is deducted directly from the policy's cash value each month. Varies based on insured's age, gender, and risk class. This includes the monthly cost of insurance charge and the monthly per $1,000 of face amount charge.</td><td>None</td></tr>
<tr><td>Monthly Administrative Fee</td><td>Current charge: $9; Maximum charge of $15 monthly.</td><td>None</td></tr>
<tr><td>Automatic Compound Inflation Option</td><td>Additional charge.</td><td>None</td></tr>
<tr><td>EOB Non-forfeiture</td><td>Additional charge.</td><td>None</td></tr>
<tr><td>Surrender Charge</td><td>
<table>
<tr><th></th><th>Single pay</th><th>Recurring Pay (varies by insured age)</th></tr>
<tr><td>Policy year</td><td>Annual percentage applied</td><td>Per Thousand of Face Amount Charge</td></tr>
<tr><td>1</td><td>7%</td><td>$16-$50</td></tr>
<tr><td>2</td><td>6%</td><td>$15 - $49</td></tr>
<tr><td>3</td><td>5%</td><td>$15 - $47</td></tr>
<tr><td>4</td><td>4%</td><td>$15 - $45</td></tr>
<tr><td>5</td><td>3%</td><td>$14 - $43</td></tr>
<tr><td>6</td><td>2%</td><td>$13 - $41</td></tr>
<tr><td>7</td><td>1%</td><td>$13 - $39</td></tr>
<tr><td>8+</td><td>0%</td><td>$0</td></tr>
</table>
</td><td>None</td></tr>
</table>

Rules, Discounts, and Information

Name	Description	State Variation
Couples Discount	Qualifying insureds will receive a more favorable rate if married. At the time of the policy issue, if the proposed insured is married, or in a legally recognized civil union or domestic partnership that exhibits an intent to remain in a lifelong relationship, or in a committed domestic relationship for the most recent 3 years and that relationship is intended to be lifelong, they would be eligible for "couples" rates. Applicant and their Partner may not be in any other legally recognized or committed relationship with another individual, separated, or divorced at the time they apply for the Policy: or, related in any way that would prohibit marriage in the state where they live.	None
Reduced Paid-Up (RPU)	RPU is for Planned Premiums Only. Non-payment of the planned premium will result in the policy lapsing after the grace period. The policy will no longer be in force and will continue as reduced paid-up insurance, if the policy has sufficient cash surrender value and no outstanding loan balance. State variations apply where RPU needs to equal or be above the minimum face amount requirement. See information to the right.	**California and Florida** Minimum RPU face requirement: $36,000 / 2 year $54,000 / 3 year **Wisconsin** Minimum: $43,200 / 2 year $64,800 / 3 year **Vermont** Minimum: $54,000 / 2 year $81,000 / 3 year **Arizona, Connecticut, New Jersey, and Indiana** Minimum: $10,000 / 2 year $10,000 / 3 year

Rules, Discounts, and Information (continued)

<table>
<tr><th>Name</th><th>Description</th><th>State Variation</th></tr>
<tr><td>Risk Classes</td><td>Life Risk Class (Mortality): Tobacco and Non-Tobacco.
LTC Risk Class (Morbidity): Preferred (0-3 debits), Standard 1 (4 debits) and Standard 2 (5-6 debits).</td><td>None</td></tr>
<tr><td>Interest Crediting Rate</td><td>Guaranteed Rate: 2% annually. The policy’s cash value is one of three values compared to determine the policy’s surrender value. See the policy for full details.

Current Rate: The current interest crediting rate is based on a rate declared by the company at least once annually.</td><td>None</td></tr>
<tr><td>Application Processing and Delivery Rules</td><td>Application Processing Rules: Backdating to save age up to 6 months is allowed. Policy Delivery Rules dictated by LTC regulations and delivered within 30 days of the application. Premiums will be credited interest based on when they are received.

Licensing: Life and Health License; and LTCi continuing education, as required by each state.
Policy Delivery Rules: Per LTC Regulations, deliver policy within 30 days.
Max number of Policies per Insured: 2 (includes older AD policy series).
Premiums Greater than the Benefits: Sales are restricted as the benefits will be less than the premium paid, even if underwriter approves the case from medical perspective. This creates a reputation risk for the company. Please try a different LTC duration, inflation option or pay option, or for sales support, call 888-695-4748, option 4 or see the AMN website at https://www.newyorklife.com/amn

For list of cells that are blocked, please see table below:
<table>
<tr><th>Rule</th><th>EOB Benefit Determination</th><th>Feature</th></tr>
<tr><td>Block when the Face
< 50% of premium when:</td><td>EOB period is 48 months,</td><td>and policy has 3% ACIO</td></tr>
<tr><td>Block when the Face
< 60% of premium when:</td><td>EOB period is 48 months,</td><td>and policy does not have 3% ACIO</td></tr>
<tr><td>Block when the Face
< 70% of premium when:</td><td>EOB period is 24 months,</td><td>and policy has 3% ACIO</td></tr>
<tr><td>Block when the Face
< 80% of premium when:</td><td>EOB period is 24 months,</td><td>and policy does not have 3% ACIO</td></tr>
<tr><td>Block when the Face
< 100% of premium when:</td><td>EOB is not selected,</td><td>for any inflation option.</td></tr>
</table>
</td><td>None</td></tr>
</table>

Marketing and Sales Procedures

Name	Description	State Variation
Procedures	All the standard rules and procedures for presenting life insurance apply to Asset Flex in the same manner. Here is a listing of some of the regulations that you must be aware of and follow when marketing Asset Flex: There are additional long-term care specific requirements that must be followed in many states. **1.** You must possess a valid life and health insurance license in the state(s) where you are soliciting business for Asset Flex. Additionally, most states require agents to complete LTCi-specific training before soliciting traditional LTCi and linked-benefit (life + long-term care) sales. **2.** Federal law mandates that you must deliver the policy within 30 days of the date of approval. **3.** You must never represent Asset Flex as Medicare Supplement Insurance, or anything other than a life insurance product that accelerates the death benefit for LTC and provides an additional pool of LTC benefits through the EOB Rider. **4.** You may never represent yourself or this product as being part of a government program or a state-based long-term care insurance benefit program. **5.** If your client is replacing an existing policy with a new Asset Flex policy, and plans to discontinue any of their existing coverage (life-to-life, LTC-to-LTC, or both) all applicable replacement procedures and suitability standards must be followed. This includes the completion of replacement form 22508WA. Contact AMN for assistance with replacements AMN_Sales_Support@newyorklife.com or 888-695-4748, option 4 **6.** Any comparisons of New York Life Asset Flex to competitive offerings must be fair and accurate.	

Application Backdating Procedure

Name	Description	State Variation
Application Backdating	Asset Flex policies can be backdated up to six months to save age in all states (excluding Ohio, which has a limit of three months). Note that cash surrender value for year one will be adjusted to reflect the associated cost with backdating the policy. If cash with application is submitted, policy cannot be backdated. Should your client wish to backdate the policy, you will have to wait until policy is approved, then request that your GO execute an unpaid change and backdate the policy date. Before backdating a policy, consider all implications, and confirm it is in the best interest of the applicant. Premiums will be credited interest based on when they are received. **For eApp:** 1. Complete and submit the electronic application via eLife and choose the policy date (for backdating); otherwise: 2. Complete steps 2 to 5 above once policy is approved. Note: If there's cash with application and then declined by underwriting, interest will be paid. UIP requires cash with application	**Ohio:** Can only backdate up to three months

Prohibited Acts and Practices

Name	Description	State Variation
Twisting	Knowingly making any misleading representation, or incomplete or fraudulent comparison of any insurance policies or insurers for the purpose of inducing, or tending to induce, any person to lapse, forfeit, surrender, terminate, retain, pledge, assign, borrow on, convert any insurance policy, or to take out a policy of insurance with another insurer is prohibited.	
High Pressure Tactics	Employing any method of marketing having the effect of or tending to induce the purchase of insurance through force, fright, threat, whether explicit or implied, or undue pressure to purchase or recommend the purchase of insurance is prohibited.	
Cold Lead Advertising	Making use directly or indirectly of any method of marketing that fails to disclose in a conspicuous manner that a purpose of the method of marketing is solicitation of insurance and that contact will be made by an insurance agent or insurance company is prohibited.	

Other Solicitation Recommendations

Name	Description	State Variation
Recommendations	1. Qualify the funds to be used to purchase Asset Flex. These should be funds that are considered "extra cash assets" or "legacy assets." Do not use funds prospects may need to maintain their current lifestyle or funds that are designated to supplement retirement income. The prospect should be clearly advised this is a long-term commitment of funds. 2. Properly disclose the policy charges and monthly cost of insurance deductions. 3. If you know a prospect has a significant medical condition or has past medical history, see the Asset Flex Underwriting Guide or Contact AMN: AMN_Sales_Support@newyorklife.com or 888-695-4748, option 4 4. Understand how the Asset Flex product works and be ready to answer questions. Become familiar with the LTC terminology and benefits triggers. Understanding these concepts is integral to your ability to meet your customer's needs, and enabling the Asset Flex policy to perform as intended. 5. Emphasize the point that Asset Flex is not a "use it" or "lose it" product design. This is their money and should be used wisely. One may qualify for benefits but may not need to use them at that point in time, so it makes sense to keep them in the contract for future use. 6. Make sure the client understands that an 80% Return of Premium (ROP) option is included. The ROP Guarantee is available only after all premiums have been paid. ROP is adjusted for any loans, partial surrender, and LTC benefits paid. 6. Asset Flex is a "Live, Die, Quit" product design. Explain to the potential customers how they can benefit from this investment in all three scenarios. 7. Understand how the 90-day waiting period works and explain to your clients that they must be able to self-insure the cost of the first 90 days of LTC services.	

Illustration Information and Contract Charges

Name	Description	State Variation
Illustration Information	The Asset Flex illustration, via NYLIS, is programmed to do auto solves for premium, Monthly Benefit for LTC and total LTC benefit. Currently, it illustrates the guaranteed values.	
Contract Changes	There are a limited number of contract changes that may be processed on an Asset Flex policy: 1. No Death Benefit option changes are permitted, as all Asset Flex policies have a level of death benefit 2. Conversions from Term or Target Life to Asset Flex are not permitted 3. Premium payments increase the face amount. There are Underwritten Increase Provision (UIP) and Future Inflation Purchase Option (FIPO) payments 4. Partial surrenders decrease all policy benefits 5. Asset Flex policy does not contain an assignment provision. Therefore, cash values and benefits cannot be assigned to another party. However, ownership can be changed just as with any life policy 6. Benefit increase requests on existing Asset Flex policies are allowed, if approved by underwriting.	