



**PRIVATE  
CLIENT  
SERVICES™**

MEMBER FINRA, SIPC  
A Registered Investment Advisor

# STATE OF NEW YORK VARIABLE ANNUITY ADDITIONAL COMPENSATION DISCLOSURE

Contract No. \_\_\_\_\_

The following disclosure is provided pursuant to Section 30.3 of New York Comp. Codes R. & Reg., tit. 11, Pt. 30 (Regulation 194):

\_\_\_\_\_ (“the producer”) is an insurance producer licensed by the State of New York and employed by a selling firm. Typically, the producer receives a portion of the compensation the issuing insurance company pays to the producer’s selling firm, pursuant to a separate agreement between the selling firm and the producer and their internal compensation program. The issuing insurance company is not involved in determining the amount of compensation that a producer receives from the selling firm.

The producer compensation in the form of commission is based on the amount of annuity contributions made by you and the commission rate established in the producer’s contract with his/her selling firm. The amount of commission paid to the producer is not deducted from your annuity contributions. The actual amount of commission is not known until your annuity contributions are received by the issuing insurance company.

The producer has no material ownership interest in the issuer of your insurance contract, the issuing insurance company or its parent or any of its subsidiaries or affiliates. The issuing insurance company, its parent, subsidiaries or affiliates do not have material ownership in the producer.

If alternative quotes were obtained with respect to the insurance contract, such information concerning coverage, premium and compensation is set forth herein or noted as not applicable:

\_\_\_\_\_

The producer is prohibited by law from altering the amount of compensation received based in whole or in part on the sale.

- I expect to receive \_\_\_\_\_% of the total annuity contributions as compensation. (If unknown, provide reasonable estimate.)
- I expect to receive an amount equal to \$\_\_\_\_\_ as compensation. (If unknown, provide reasonable estimate.)

\_\_\_\_\_  
Insurance Producer Name (Print)

\_\_\_\_\_  
Insurance Producer (Signature)

\_\_\_\_\_  
Date

I ACKNOWLEDGE THAT I RECEIVED THIS DISCLOSURE FORM.

\_\_\_\_\_  
Client Name (Print)

\_\_\_\_\_  
Client (Signature)

\_\_\_\_\_  
Date