



Aviva Life and Annuity Company of New York
 7700 Mills Civic Parkway
 West Des Moines, IA 50266-3862
 Mail Processing Center: P.O. Box 14539
 Des Moines, IA 50306-3539
 800/252-4467
 800/875-0223 Fax
 Home Office: Melville, NY

Policy Loan Form

COMPLETE ALL SECTIONS (Please print or type all information ***except*** signatures. Please use black ink.)

SECTION 1:

Insured: _____ Policy Number: _____
 Owner: _____ Telephone No. of Owner: (____)____-____
 Owner's Address: _____ Address Change Requested:

SECTION 2:

I request a Loan from the policy identified above. Please issue check:
 Check for \$ _____ Check for **Maximum Loan available**
 Policy Loan to be: Paid In Cash Applied to Policy # _____

SECTION 3:

INCOME TAX WITHHOLDING NOTICE AND ELECTION: The taxable portion of certain payments are subject to 10% income tax withholding. You may elect to have withholding or you may elect a higher rate. If you elect NOT to have Federal Income Tax withheld, you are still liable for the payment of any tax that may be due. Also, you may be subject to tax penalties under the estimated tax payment rules if your payments of estimated tax and withholding, if any, are inadequate. You may wish to see your tax consultant.

I direct the Company:
 NOT to withhold Federal Income Tax.
 To withhold 10% of the taxable portion of my distribution for Federal Income Tax.
 To withhold _____% of the taxable portion of my distribution for Federal Income Tax.

_____*
Owner's Social Security or Tax Identification Number

NOTE: If no Social Security or Tax Identification Number is provided, the maximum amount will be withheld on any amount that may be due according to the Internal Revenue Service regulations.

* Under penalties of perjury, I certify (1) the number shown on this form is my correct taxpayer identification number, and (2) that I am not subject to backup withholding as a result of a failure to report all interest or dividends, or (3) the IRS has notified me that I am no longer subject to backup withholding. Refer to IRS Form W-9 for complete information regarding backup withholding and Tax Identification Numbers.

SECTION 4:

I ACKNOWLEDGE THAT this request is subject to the provisions and conditions of the policy and the Company may request additional information or impose additional requirements.

 Signature of Owner (Title of Officer if Corporation or Trustee, if applicable) Date

 Signature of Assignee and Title, if applicable

 Other Required Signatures (Additional Owners or Irrevocable Beneficiaries, if any)

NOTE:
 1. Owner must sign. If Owner is a corporation, an officer (other than the Insured) must sign. If Owner is a trust, the trustee must sign as "trustee".
 2. If policy is collaterally assigned, assignee must also sign this request.

