



# DIRECT DEPOSIT

New York Life Investment Management LLC ("NYLIM"),  
P.O. Box 423, Parsippany, NJ 07054-0423 or Fax to: 973-394-4608

For automatic deposit of your pension benefit payments, please  
fill out this form and return it to the address shown above.

### Participant Information:

### Please complete either A) or B):

\_\_\_\_\_  
First Name Last Name

A) Contract # GA-\_\_\_\_\_ Division # \_\_\_\_\_

\_\_\_\_\_  
Address 1

Certificate # \_\_\_\_\_

\_\_\_\_\_  
Address 2

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_  
City State Zip Code

OR

\_\_\_\_\_  
Telephone Number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

B) Reference # \_\_\_\_\_  
(from New York Life check stub)

### Bank Information:

### Account Information:

\_\_\_\_\_  
Bank Name

(Please check one)

Savings Account

\_\_\_\_\_  
Branch Address

Checking Account

\_\_\_\_\_  
City State Zip Code

Account # \_\_\_\_\_

\_\_\_\_\_  
Branch Telephone Number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

ABA # \_\_\_\_\_

(Your bank's 9 digit routing number)

If you checked savings account above, attach one of your deposit slips which shows your Account Number  
If you choose checking account above, attach one of your blank checks and write the word "VOID".

If this is a brokerage account, we also need to be  
provided with your brokerage account number:

Brokerage Account  
# \_\_\_\_\_

As payments become due me under the above mentioned contract, I authorize New York Life Insurance Company (New York Life) to pay, either by check or by directing the transfer of funds, to the order of the above financial institution for credit to my account. I authorize said financial institution to refund to New York Life an amount equal to any payments which become due after my death that have been credited to my account or to charge my account accordingly. I reserve the right to cancel this authorization and direction by giving written notice to "NYLIM", (New York Life's authorized administrator); P.O. Box 423, Parsippany, NJ 07054-0423.

I agree to periodically furnish "NYLIM" with evidence of my survival and agree to notify "NYLIM" when I change my permanent residence and to advise, at that time, if checks are to continue to be sent to the financial institution named above.

\_\_\_\_\_  
(Payee Signature)

\_\_\_\_\_  
(Date)