



Beneficiary Designation

New York Life Investment Management LLC (NYLIM)
169 Lackawanna Ave., Parsippany, NJ 07054

Name of Participant _____ Social Security Number _____

Group Annuity Contract # GA-_____ Marital Status (check one): Married Single

If you are married and designating someone other than your spouse as beneficiary,
your spouse **must** complete the "Spouse Consent" section below.

I hereby designate the following person(s) as my beneficiary(ies):

Primary Beneficiary(ies) Information

Name	Relationship	Share %
Social Security Number	Date of Birth	Area Code & Phone Number
Address	City	State Zip Code
Name	Relationship	Share %
Social Security Number	Date of Birth	Area Code & Phone Number
Address	City	State Zip Code

Secondary Beneficiary(ies) Information

Name	Relationship	Share %
Social Security Number	Date of Birth	Area Code & Phone Number
Address	City	State Zip Code
Name	Relationship	Share %
Social Security Number	Date of Birth	Area Code & Phone Number
Address	City	State Zip Code

This beneficiary designation supersedes any prior designation made by me. I certify that the above information is true and correct.

Participant Signature _____ Date _____

Spouse Consent

I, _____ am the spouse of _____

I have read the information provided above as completed by my spouse before signing this form. I understand that by signing this form I am consenting to the designation of a beneficiary(ies) other than myself. I also understand that any benefit(s) that would have been otherwise payable to me will be paid to the person(s) named above.

Spouse's Signature _____ Date _____