



BENEFIT QUOTATION REQUEST

New York Life Investment Management LLC ("NYLIM"),
P.O. Box 427, Parsippany, NJ 07054-0427

Name of Participant	Date of Birth			Social Security Number		
	Month	Day	Year			

Evidence of date of birth must be attached if not previously submitted.

Sex: Male Female Marital Status (check one): Married Single

Mailing Address			Telephone Numbers		
Street			Home (area code & number)		
City	State	Zip	Business (area code & number)		

Quotation Request Information

I would like a benefit quotation on all form(s) of annuity available to me, assuming benefits were to commence on the first day of the month I have indicated. (Please indicate month and year)

Month	Day	Year
	1	

Name of Eligible Spouse or Joint Annuitant	Date of Birth			Social Security Number		
	Month	Day	Year			

Evidence of date of birth must be attached if not previously submitted.

Relationship of Joint Annuitant (check one): Spouse Other _____
(Please Specify)

I understand that this is a request for a benefit quotation and NOT a request for benefits to be paid.

I certify that the above information is true and correct.

Participant's Signature _____ Date _____