New York Life Investment Management LLC

Group Annuity (GA) Contract Payment Direction Notice Single Sum Benefit Payment

Plan Name________________________________ **GA Contract(s)/Account No(s).**____________________

A. Payee Data (Check Applicable Boxes)

❒ Termination ❒ Retirement ❒ Death

❒ Hardship ❒ Required Minimum Distribution

❒ Other (specify below) ❒ Refund of Excess Contributions

____
Specify

Distribution: ❒ Total ❒ Partial

Payee is a: ❒ Participant ❒ Spousal Beneficiary ❒ Non-Spousal Beneficiary

Sex: ❒ Male ❒ Female

____
Name

____
Address

____
City, State, Zip

____
Social Security

____
Date of Birth

B. Payment Amounts

1. Before tax contributions (payee and employer) plus earnings on after-tax contributions.[1] $ __________
2. After tax contributions excluding earnings.[2] $ __________
3. Required minimum distribution.[2] $ __________
4. Other ________________ (Specify) $ __________
5. **Total Amount** **$** __________

[1]Mandatory 20% withholding will apply to all “before tax” contributions and earnings not rolled over.

[2]This amount cannot be rolled over to an IRA, nor is it subject to the 20% withholding.

Attach IRS Withholding Notice and Election Form 19624, if additional voluntary federal withholding tax is desired.

C. Payment Instructions—Check(s) payable as follows:

1. ________________________________
Payee Name

FBO ______________________________IRA
Payee Name

____________________ $ __________
Account Number Amount

and/or

2. ________________________________
Trustee/Custodian Account Name

of the ______________________________IRA
Payee Name

____________________ $ __________
Account Number Amount

and/or

3. ________________________________
Trustees Account Name

FBO ______________________________

____________________ $ __________
Account Number Amount

and/or

4. ____________________ $ __________
Payee Name Amount

Total Payment (must equal B.5) **$** ______________

Send Check(s) to:

❒ Current Plan ❒ Payee ❒ Trustee/Custodian

____
Name

____
Address

____
City, State, Zip

BY SIGNING THIS FORM I VERIFY THAT THE INFORMATION INDICATED HEREIN IS COMPLETE AND ACCURATE AND THAT PAYMENT IS TO BE MADE AS INDICATED HEREIN, SUBJECT TO AND IN ACCORDANCE WITH THE PROVISIONS OF THE PLAN.

________________________________ ________________
Participant Signature **Date**

D. Withdrawals

The withdrawal from the *Group Annuity Contract* to provide the payment is to be made as follows:

Performance Investments (*Separate Accounts)*:

Money Market	_______ % or $	_______________
Short Term Bond	_______ % or $	_______________
Bond	_______ % or $	_______________
Indexed Bond	_______ % or $	_______________
Asset Manager	_______ % or $	_______________
Indexed Equity	_______ % or $	_______________
Value Equity	_______ % or $	_______________
Growth Equity	_______ % or $	_______________
Convertible Securities	_______ % or $	_______________

Fixed Investments

FDA	_______ % or $	_______________
Total	100%	$ _______________ (Must total B5)

E. Distribution Codes For Box 7 Of IRS Form 1099/R

(SEE GUIDELINES FOR INSTRUCTIONS)

_______________________ NUMERIC   _______________________ ALPHA

F. Authorized Contractholder/Account Representative Verification

1. I UNDERSTAND THAT, IF THE PAYEE IS MARRIED AND THE NORMAL FORM OF PLAN BENEFIT IS A QUALIFIED JOINT AND SURVIVOR ANNUITY, FEDERAL LAW MAY REQUIRE SPOUSAL CONSENT FOR THIS SINGLE SUM TO BE PAID.
2. BY SIGNING THIS FORM I VERIFY THAT THE INFORMATION INDICATED HEREIN IS COMPLETE AND ACCURATE AND THAT THIS REQUEST FOR PAYMENT IS IN ACCORDANCE WITH THE PROVISIONS OF THE PLAN.

____
Authorized Contractholder Trustee/ Account Representative

____
Date

New York Life Use Only

Bank Data

Bank Name _______________________________

ABA Number _______________________________

Account Number _______________________________

Bank Contact Person _______________________________

Bank Phone _______________________________

For NYLIM Internal Use Only:
OFAC Approved

____
Approved By (Initial)   Date

Payment Instructions

____
Trustee/Custodian Account Name

of the _______________________________________ IRA
Payee Name

_______________________________ $ ____________
Account Number   Amount

or

____
Trustee/Custodian Account Name

FBO ____
Participant Name