AUTHORIZED CONTRACTHOLDER REPRESENTATIVES

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

This original document must be returned by mail, overnight mail or messenger to the address shown above.

GA # _____ **Contractholder**: _____

Section #1 AUTHORIZED INDIVIDUALS

The following individuals whose signatures and phone numbers appear next to their names may act as Authorized Contractholder Representatives in dealing with New York Life Insurance Company (New York Life) and may sign all forms and letters relating to the administration of the contract required by New York Life. This designation is in addition to prior designations, if any, which have not been revoked.

NAME (Please Print)	SIGNATURE	TITLE	PHONE NO.

Section #2 REVOCATION OF AUTHORIZATION - PLEASE SEND WITHIN 24 HOURS

The following individuals may no longer act as Authorized Contractholder Representatives.

NAME (Please Print)	NAME (Please Print)

VERIFICATION

The Contractholder hereby verifies the above authorizations, revocations and signatures. Until notified in writing of any revocations of authority, New York Life and "NYLIM" (New York Life's authorized administrator) may rely on the above authorizations. If this document is not the first one completed for this contract, the individual who signs below must be previously authorized.

FOR CLIENT:		Received by "NYLIM ":	
NAME (Please Print)		NAME (Please Print)	
SIGNATURE		SIGNATURE	
TITLE	DATE	TITLE	DATE

A NYLIM REPRESENTATIVE WILL SIGN BOX ABOVE, OTHERWISE PLEASE LEAVE NO BLANKS

For NYLIM Internal Use Only:
OFAC Approved

_____ _____
Initials Date