

CONTRACTHOLDER AUTHORIZATION

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

Contractholder _____ **GA#** _____

- **New York Life Insurance Company (New York Life) reserves the right to delay payment if this original authorization document is not received and as conditions warrant.**
- On occasion, NYLIM will call an Authorized Contractholder Representative to verify wire requests.
- *For your protection*, we require that this original document and any revision in the information on it be transmitted by advance written notice to NYLIM by mail or messenger from an Authorized Contractholder Representative.

1. Authorized Contractholder Representatives

The following individuals are Authorized Representatives of the Contractholder in dealings with New York Life. They are authorized to sign the contract, written requests for wire transfers and all documents relating to the administration of the contract.

| | | |
|---------------|--------------------|-----------------------|
| _____ Name | _____ Signature | _____ Phone Number |
| _____ Name | _____ Signature | _____ Phone Number |
| _____ Name | _____ Signature | _____ Phone Number |

2. Authorized To Call NYL for wire transfers

| | | |
|---------------|--------------------|-----------------------|
| _____ Name | _____ Signature | _____ Phone Number |
| _____ Name | _____ Signature | _____ Phone Number |
| _____ Name | _____ Signature | _____ Phone Number |

3. Bank Wire Instructions

| | | | |
|--------------------------------|---------------------|---------------|-------------------------|
| _____ Bank Name | _____ ABA Number | _____ City | _____ State |
| _____ Account name (FBO) | | | _____ Account Number |
| _____ For further credit to | | | _____ Account Number |
| _____ Contact Person | | | _____ Phone Number |

4. For Client

The Contractholder hereby verifies the above authorizations and signatures. Until notified in writing of any revocations of authority, New York Life and NYLIM may rely on the above authorizations.

| | |
|--------------------|---------------|
| _____ Title | _____ Date |
| _____ Signature | |

Received by NYLIM

| | |
|---|---------------|
| _____ Signature | |
| _____ Title | _____ Date |
| Leave no blanks, except this box which will be signed by NYLIM for New York Life. | |

5. Return Instructions

1. Fill out, sign and fax this form to: GP Client Services Group, (973) 394-4601.
2. Send the original document by mail, overnight mail or messenger to GP Client Services Group at the address at the head of the page.

Questions? Call the GP Client Services Group. (973)394-3256 or (973)349-3259

| | |
|---|---------------|
| For NYLIM Internal Use Only: OFAC Approved | |
| _____ Initials | _____ Date |