



NEW YORK LIFE INSURANCE COMPANY QUARTERLY STATEMENT REQUEST

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

Contact: Mr. Mrs. Ms. Miss Other _____

Name: _____

Company: _____

Address: _____

City: _____, State/Province: _____

Zip/Postal Code: _____ Country: _____

Telephone: (____) _____ - _____

Fax: (____) _____ - _____

E-mail: _____

Sections or Schedules Needed (e.g. "Summary of Operations", "Schedule DB")

Send by Fax

Send by Mail

**Return form to: NYLIM Guaranteed Products
169 Lackawanna Avenue
Parsippany, NJ 07054
Attention: GP Service**