



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.<sup>1</sup>                      \$ \_\_\_\_\_

2. After tax contributions excluding earnings.<sup>2</sup>                      \$ \_\_\_\_\_

3. Required minimum distribution.<sup>2</sup>                      \$ \_\_\_\_\_

4. Other \_\_\_\_\_                      \$ \_\_\_\_\_  
Specify

**5. Total Amount**                      \$ \_\_\_\_\_

<sup>1</sup>Mandatory 20% withholding will apply to all "before tax" contributions and earnings not rolled over.

<sup>2</sup>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 \_\_\_\_\_

Payment Instructions

\_\_\_\_\_  
Trustee/Custodian Account Name

of the \_\_\_\_\_ IRA

Payee Name

\_\_\_\_\_  
Account Number \$ \_\_\_\_\_  
Amount

**or**

\_\_\_\_\_  
Trustee/Custodian Account Name

FBO \_\_\_\_\_  
Participant Name