

Contribution List Request



PLEASE CHECK ONE:

- Establish a new contribution list.** Complete this form and the appropriate application(s) and send to the address listed on the application.
- Add new participants to an existing contribution list.** Complete this form and indicate your GROUP number below. Send the appropriate application for each new participant with this form to the address listed on the application.
- Establish a contribution list for existing accounts.** Complete this form and send it to the address listed on the back of this form. Please indicate the fund and account numbers.

IMPORTANT:

- A contribution list must consist of *at least* two shareholders.
- Contributions to SEP, SAR-SEP and 403(b)(7) TSA plans will be designated as employer contributions.
- Account balances of less than \$1,000 will be charged an annual per account fee. For additional information, including certain exceptions, please see the Prospectus.
- For investment minimums, please see the Prospectus.
- For maximum annual contribution amounts, please see the Custodial Agreement.

SELECT TYPE OF ACCOUNT:

- | | | | | |
|---|---|------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> SEP / SARSEP IRA | <input type="checkbox"/> Profit Sharing | <input type="checkbox"/> 401(k) | <input type="checkbox"/> 403(b)(7) | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> IRA | <input type="checkbox"/> Corporation | <input type="checkbox"/> UGMA/UTMA | <input type="checkbox"/> Individual/Joint Tenant | |

▲ Name of Organization		Group Number <small>(REQUIRED ONLY FOR AN EXISTING CONTRIBUTION LIST)</small>
▲ Contact at Organization		
▲ Room / Suite / Floor#	Phone#	Fax#
▲ Address		
▲ City	State	Zip Code
▲ Registered Representative Name		Representative #
▲ Registered Representative Phone#	General Office	Date

Please establish a contribution list arrangement for the above named organization as follows below. I/We understand that a group investment confirmation statement will be generated after a deposit is made to confirm the purchase. This confirmation statement is not a bill and should be used to provide the allocation instructions for the next period's contribution with any changes indicated. Any changes to the contribution list must be requested by the contact person.

INVESTOR INFORMATION:

▲ Name	Fund Name/Class	Account Number	Contribution Amt.

TOTAL CHECK AMOUNT \$ _____

▲ Name	Fund Name/Class	Account Number	Contribution Amt.
▲ Name	Fund Name/Class	Account Number	Contribution Amt.
▲ Name	Fund Name/Class	Account Number	Contribution Amt.
▲ Name	Fund Name/Class	Account Number	Contribution Amt.
▲ Name	Fund Name/Class	Account Number	Contribution Amt.
▲ Name	Fund Name/Class	Account Number	Contribution Amt.
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▲ Name	Fund Name/Class	Account Number	Contribution Amt.
▲ Name	Fund Name/Class	Account Number	Contribution Amt.
▲ Name	Fund Name/Class	Account Number	Contribution Amt.

TOTAL CHECK AMOUNT \$ _____

ADDITIONAL DETAILS OR INSTRUCTIONS

www.mainstayfunds.com

<p>For Assistance Call your investment professional or call toll-free 1-800-MAINSTAY 1-800-624-6782 / option 2</p>	<p>Mailing Address MainStay Investments P.O. Box 8401 Boston, MA 02266-8401</p>	<p>Overnight Express MainStay Investments c/o BFDS 30 Dan Road Canton, MA 02021-2809</p>	<p>MainStay Funds are distributed by NYLIFE Distributors LLC 169 Lackawanna Avenue Parsippany, NJ 07054</p>
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