

1 MAINSTAY REGISTRATION AND REGISTERED REPRESENTATIVE INFORMATION

▲ Shareholder Name _____ Joint Owner (If any) _____

▲ Street Address _____ City _____ State _____ Zip Code _____

I/We authorize MainStay Funds to send a payment(s) to New York Life/NYLIC/NYLIAC for the following policy(ies) on the fifth business day of each month beginning _____ (See back for Instructions)
▲ MM/YYYY

Registered Representative: _____
▲ Name _____ Number _____ Phone _____

2 PAYMENT INFORMATION

You must be at least 59½ to use a MainStay Fund IRA for this premium payment.

New Change only

Please send \$_____ to: (Check one) Life/Annuity Variable*Life/Annuity Long Term Care

Policy number (Required): _____ Payment Code (See back for Instructions) _____

Insured's Last Name (1st three letters) _____

From: _____ \$ _____
▲ MainStay Fund Name Class Account Number Shareholder Name Monthly Amount

From: _____ \$ _____
▲ MainStay Fund Name Class Account Number Shareholder Name Monthly Amount

From: _____ \$ _____
▲ MainStay Fund Name Class Account Number Shareholder Name Monthly Amount

If you have more than one policy or are using more than three MainStay Funds and Accounts to pay a policy, please complete a second MainStay Funds Systematic Withdrawal Plan to Pay Monthly New York Life Insurance Premiums form and attach it.

* For Variable Products: The MainStay Funds Account must be established at least six months prior to the first systematic payment.

3 WITHHOLDING CHOICE

(For distributions from IRAs only — see Instructions for details)

For distribution from IRAs, indicate choice of withholding.

- I elect **not** to have federal and state taxes withheld from my MainStay IRA.
- Please withhold _____% (minimum 10%) for federal taxes and 0% for state tax.
- Please withhold _____% (minimum 10%) for federal taxes and _____% for state taxes.

See back for Instructions on State Withholding.

4 SHAREHOLDER AUTHORIZATION

▲ Shareholder Signature _____ Date-MM/DD/YYYY _____

▲ Joint Owner Signature _____ Date-MM/DD/YYYY _____

INSTRUCTIONS

This form must be received in good order by the 20th of the month prior to the beginning month to ensure the proper start date.

Example: If the form is received on May 20th, the start month may be June. If the form is received on May 27th, the start month may not be until July.

Please send the attached copy to the Life/Annuity, Variable Life/Annuity or Long Term Care office (as appropriate). See below for the correct address.

Initial minimum account value: \$10,000. The MainStay Fund account must be established at least 10 days prior to the first systematic payment (see exception for Variable Products on the front page). Monthly checks are paid from reinvested dividends and capital gains, then, to the extent necessary, from principal. Continued withdrawals in excess of current income will eventually delete the principal. Please note that if this occurs, you will be responsible for paying your scheduled premium payments to keep your policy in force. **DIVIDENDS AND CAPITAL GAINS MUST BE REINVESTED UNDER THE SYSTEMATIC WITHDRAWAL PLAN.**

PAYMENT CODE KEY: P = Premium Payment
O = OPP/Additional Payment
C = Combination of Above

IRA Withholding Information:

Federal Withholding

The Tax Equity and Fiscal Responsibility Act of 1982 (TEFRA) requires us to withhold federal income tax at the rate of 10% from your IRA distribution unless you elect not to have withholding apply. Check the applicable box if you do not want any federal income taxes withheld from your IRA distributions. You can change this election at any time by filing a new MainStay Systematic Withdrawal Plan to Pay Monthly New York Life Insurance Premiums form. Even if you elect not to have any federal income taxes withheld, you are liable for payment of taxes on the taxable portion of your distributions. You also may be subject to penalties under the estimated tax payment rules if your payments of estimated tax withholding are not adequate.

State Withholding

In addition to the federal income tax withholding requirements, some states require withholding of state income taxes. Although state laws differ, those states requiring withholding generally allow you to elect out of withholding. The states requiring withholding as of January 1, 2006, are AR, CA, DE, GA, IA, KS, MA, MD, ME, NC, NE, OK, OR, VA, and VT. The state withholding election on this form relates only to these states. If you are unsure as to whether your state requires withholding, consult your tax advisor.

Mail Original Form (top copy) to:

www.mainstayfunds.com

New MainStay Fund Accounts

Send top copy along with the MainStay Funds Application and Investor Profile to the address listed on the application.

Existing MainStay Fund Accounts

Send top copy to:
MainStay Investments
P.O. Box 8401
Boston, MA 02266-8401

For Assistance: Call your investment professional or call toll-free 1-800-MAINSTAY 1-800-624-6782 / option 2

Securities are distributed by
NYLIFE Distributors LLC
169 Lackawanna Avenue
Parsippany, New Jersey 07054

Send Attached Copy to: (as appropriate)

Life/Annuity

New York Life Insurance Company
Attention: Policy Services
P.O. Box 500
Minneapolis, MN 55440

Variable Life/Annuity

New York Life & Annuity Corporation
Variable Products Services
Madison Square Station
P.O. Box 922
New York, NY 10159

Long Term Care

New York Life Insurance Company
Long Term Division, POS
P.O. Box 559005
Austin, TX 78755-9005

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