



CHANGE NOTICE

New York Life Investments*
P.O. Box 423, Parsippany, NJ 07054-0423

This form is to be used to notify us of an address or name change

1. Participant Information

Name of Participant as it currently appears in our records _____

Date of Birth (Month/Day/Year) _____ Sex (Male/Female) _____ Social Security Number _____

Payment Status (Please Check One)

I AM currently receiving retirement benefit payments from New York Life.

I HAVE NOT YET STARTED receiving retirement benefit payments from New York Life.

2. Address Change

Effective: _____ please change my **address** as follows:
Month Day Year

Address _____ City _____ State _____ Zip Code _____

Citizenship: U.S.: Other: If other, please specify: _____

Phone: Home _____ Mobile _____ Other _____

3. Name Change

Effective: _____ please change my **name** as follows:
Month Day Year

First Name _____ Middle Name _____ Last Name _____

Address _____ City _____ State _____ Zip Code _____

Phone: Home _____ Mobile _____ Other _____

Reason for name change: (Please check appropriate box)

Marriage Court Order Divorce Incorrectly Reported to New York Life

If you have checked Marriage, Court Order or Divorce as your reason for the change in name, you must attach a copy of the legal document certifying the change.

I certify that the above information is true and correct.

Participant Signature _____ Date _____