



Monthly Annuity Payment Direction Form
for Annuities NOT Guaranteed by New York Life

New York Life Investments*
P.O. Box 427, Parsippany, NJ 07054-0427

Contractholder _____ GA(s)/Account No(s) _____

1. Payee Data

Payee is a: [] Participant [] Beneficiary Citizenship [] US Citizen [] Other (specify) _____

Name _____ Date of Birth _____ Social Security Number _____

Certificate Number _____ Area Code & Phone Number _____ Email Address _____

Address _____ City _____ State _____ Zip Code _____

Sex: [] Male [] Female Marital Status: [] Married [] Single

2. Annuity Data

a. Monthly Benefit Amount \$ _____ b. Payment Commencement Date: _____

c. Disability Payment: [] YES [] NO

d. Form of Annuity: _____

i) If Cash Refund Form of Benefit:

Participant Contributions exclusive of earnings: _____ Minimum return to be guaranteed: _____

ii) If Joint and Survivor form of Benefit also furnish the following with respect to Joint Annuitant:

Name _____ Relationship to Payee _____ Date of Birth _____

Sex _____ Social Security Number _____ Percentage to be continued to Joint Annuitant _____

iii) If under the Form of Annuity (d), a payment or payments can be continued to a Beneficiary at Payee's death, complete the following:

Primary Beneficiary:

Name _____ Relationship to Payee _____ Date of Birth _____ Sex _____ Social Security Number _____

Secondary Beneficiary:

(This designation becomes operative if Primary Beneficiary isn't alive when the payment(s) first become due)

Name _____ Relationship to Payee _____ Date of Birth _____ Sex _____ Social Security Number _____

3. Tax Election

[] Federal Withholding Form Attached

[] State Withholding Form Attached

4. Direct Deposit Of Payments

Desired: [] No [] Yes (Attach Form* And Voided Check)

*Call 800.695.4682 to request or visit www.nylim.com/gp to download the form.

5. Payee Verification

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 AND CONTRACT.

6. Authorized Representative Verification

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 AND CONTRACT.

Payee Signature _____ Date _____ Authorized Employer Representative Signature _____ Date _____

New York Life Investments*, 169 Lackawanna Avenue, Parsippany, NJ 07054; Phone: 1-800-695-0462 Fax: 908-840-3871

Guaranteed Products is a Division of New York Life Investment Management LLC which is a subsidiary of New York Life Insurance Company, New York, NY

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New York Life Investment Management LLC.

7. Withdrawals

For Market Master and Pooled Funding Contracts Only

The withdrawal from the Group Annuity Contract to provide the payment is to be made as follows:

a. 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 \$ _____ |

b. Fixed Investments

| | |
|-----------|----------------------|
| GA# _____ | _____ % or \$ _____ |
| _____ | _____ % or \$ _____ |
| Total | <u>100%</u> \$ _____ |