



Group Annuity (GA) Contract Payment Direction Notice Single Sum Benefit Payment

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

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.
2. After tax contributions excluding earnings.
3. Required minimum distribution.
4. Other
5. Total Amount

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

2 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 \$ _____

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