

Participant Information:

DIRECT DEPOSIT

<u>A)</u> Contract # GA	Division #			
Please complete either A) or B):				
For automatic deposit of your pension benefit p fill out this form and return it to the address				
P.O. Box 423, Parsippany, NJ 07054-0423 or F	ax to: 973-394-4647			
P O Box 423 Parsinnany NJ 07054-0423 or F	ax to: 973-394-4647			

First Name	Last Name		
			Certificate #
Address 1			
			Social Security #
Address 2			
			OR
City		Zip Code	
l elephone Nun	nber ()		<u>B)</u> Reference #
			(from New York Life check stub)
Bank Information: Account Information:		Account Information:	
			(Please check one)
			Savings Account
Bank Name			
			Checking Account
Branch Address			
			Account #
City	State	Zip Code	
			ABA #
Branch Telepho	one Number ()	(Your bank's 9 digit routing number)
If you chec	ked savings accou	unt above, attach one	of your deposit slips which shows your Account Number
-	-		of your blank checks and write the word "VOID".
If this is a brokerage account, we also need to be		, we also need to be	Brokerage Account
provided with your brokerage account number:		e account number:	#

As payments become due me under the above mentioned contract, I authorize New York Life Insurance Company (New York Life) to pay, either by check or by directing the transfer of funds, to the order of the above financial institution for credit to my account. I authorize said financial institution to refund to New York Life an amount equal to any payments which become due after my death that have been credited to my account or to charge my account accordingly. I reserve the right to cancel this authorization and direction by giving written notice to "NYLIM", (New York Life's authorized administrator); P.O. Box 423, Parsippany, NJ 07054-0423.

I agree to periodically furnish "NYLIM" with evidence of my survival and agree to notify "NYLIM" when I change my permanent residence and to advise, at that time, if checks are to continue to be sent to the financial institution named above.

(Payee Signature)

(Date)

New York Life Investments*, 169 Lackawanna Avenue, Parsippany, NJ 07054; Phone: 1-800-695-0462 Fax: 973-394-4647 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 *"New York Life Investments" is a service mark used by New York Life Investment Management Holdings LLC

and its subsidiary, New York Life Investment Management LLC.