



Information Change Notice

How to return your completed form:

Mail:
New York Life Institutional Annuities
P.O. Box 30730, Tampa, FL 33630

Email:
SP_Client_Service@nyl.com
Fax: (908) 840-3870

Contact Us:

Website: www.newyorklife.com/prt
Phone: (800) 695-0462
Email: SP_Client_Service@nyl.com

Instructions: Fill out required sections **1 & 4** and complete the section(s) that apply.

1. Participant Information

Name		
Employer Name (pension provider)	Date of Birth (Month/Day/Year) / /	Telephone Number ()
Email Address	Last Four Digits of Social Security Number	Benefit Amount (paid or expected)
Mailing Address	City	State Zip
<p>If your name has changed, please check the below box and provide your name as it exists in our records. You must provide proof of birth and proof of name change.</p> <p><input type="checkbox"/> I am electing to change my name Name as it appears in our records _____</p>		

2. Address Change

Please provide details of your new address in section 1. If you are a non U.S. citizen, a completed W-8 or W-9 is required. If you are a Resident Alien, please provide a copy of Green Card. For Entities or Trusts outside the domicile of the United States, tax certifications required. Please refer to the Internal Revenue Service website at www.irs.gov for the appropriate W-8 tax form.

Old Mailing Address		
Mailing Address		
City	State	Zip

3. Bank Change

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 New York Life Guaranteed Products; P.O. Box 406, Jersey City, NJ 07303-0406. I agree to periodically furnish New York Life with evidence of my survival and agree to notify New York Life 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.

Account Holder's Name
Financial Institution
Account Type (check appropriate box) <input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account
Routing Number
Account Number

4. Required Signature

Annuitant's Signature

Date