



Beneficiary Designation

How to return your completed form:

Mail:
New York Life Guaranteed Products
P.O. Box 406, Jersey City, NJ 07303-0406

Fax:
(908) 840-3872

Contact Us:

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

Participant Information

Name			
Employer Name (pension provider)	Date of Birth (Month/Day/Year) / /		Marital Status
Email Address & Phone Number	Last Four Digits of Social Security Number		Benefit Amount (paid or expected)
Mailing Address	City	State	Zip

If you are married and are designating someone other than your spouse as your beneficiary, your spouse **must** complete the "**Spouse Consent**" section below.

I hereby designate the following person(s) as my beneficiary(ies):

Primary Beneficiary Information

Name		Relationship	
Phone Number	Date of Birth (Day/Month/Year) / /		Share %
Email Address	Social Security Number		
Mailing Address	City	State	Zip

Secondary Beneficiary Information

Name		Relationship	
Phone Number	Date of Birth (Day/Month/Year) / /		Share %
Email Address	Social Security Number		
Mailing Address	City	State	Zip

This beneficiary designation supersedes any prior designation made by me. I certify that the above information is true and correct.

Annuitant's Signature

Date

Spouse Consent

I, _____ am the spouse of _____

I have read the information provided above as completed by my spouse before signing this form. I understand that by signing this form I am consenting to the designation of a beneficiary(ies) other than myself. I also understand that any benefit(s) that would have been otherwise payable to me will be paid to the person(s) named above.

Spouse's Signature

Date