



Guaranteed Products

# CONTRACTHOLDER AUTHORIZATION

New York Life Guaranteed Products  
30 Hudson St. Jersey City, NJ 07302

**Contractholder** \_\_\_\_\_ **GA** \_\_\_\_\_

- **New York Life Insurance Company (New York Life) reserves the right to delay payment if this original authorization document is not received and as conditions warrant.**
- On occasion, New York Life will call an Authorized Contractholder Representative to verify wire requests.
- *For your protection*, we require that this original document and any revision in the information on it be transmitted by advance written notice to New York Life by mail or messenger from an Authorized Contractholder Representative.

## 1. Authorized Contractholder Representatives

The following individuals are Authorized Representatives of the Contractholder in dealings with New York Life. They are authorized to sign the contract, written requests for wire transfers and all documents relating to the administration of the contract.

_____ Name	_____ Signature	_____ Phone Number
_____ Name	_____ Signature	_____ Phone Number
_____ Name	_____ Signature	_____ Phone Number
_____ Name	_____ Signature	_____ Phone Number
_____ Name	_____ Signature	_____ Phone Number
_____ Name	_____ Signature	_____ Phone Number

## 2. Bank Wire Instructions

_____ Bank Name	_____ ABA Number	_____ City	_____ State
_____ Account name (FBO)			_____ Account Number
_____ For further credit to			_____ Account Number
_____ Contact Person			_____ Phone Number

## 3. Verification, must be signed

The Contractholder hereby verifies the above authorizations and signatures. Until notified in writing of any revocations of authority, New York Life may rely on the above authorizations.

### Received by New York Life

\_\_\_\_\_  
Signature

_____ Print Name	_____ Title
_____ Signature	_____ Date

\_\_\_\_\_  
Title  
Date  
Leave no blanks, except this box which will be signed by New York Life.

## 4. Return Instructions

1. Fill out, sign and fax this form to: GP Client Services Group, (908) 840-3871.
2. Send the original document by mail, overnight mail or messenger to GP Client Services Group at the address at the head of the page.

**Questions?** Call the GP Client Services Group. (201) 942-2157

For New York Life Internal Use Only:  
OFAC Approved

\_\_\_\_\_  
Initials

\_\_\_\_\_  
Date