



Guaranteed
Products

IRS Withholding Notice and Election Single Sum Payout Form 19624

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

Attach this form to the
Group Annuity (GA) Contract Payment Direction Notice Single Sum Benefit Payment
form if additional voluntary federal withholding tax is desired.

Name

Address

City, State, Zip

GA Number/Account Number

Social Security

In addition to the mandatory 20% withholding from my single sum benefit payment, please withhold federal income tax from my distribution on the following basis:

Dollar Amount: \$ _____

OR

Percentage: _____%

I understand that this election can be revoked prior to distribution and that I may be responsible for payment of estimated Federal taxes and may incur penalties from the IRS if my estimated tax payments and withholding are not adequate.

Signature of Payee

Date