

Effective December 1, 2024, the overnight mailing addresses for most New York Life Investment Funds forms and applications will be:

Overnight Mailing Address:

New York Life Investments  
801 Pennsylvania Ave, Suite 219003  
Kansas City, MO 64105-1307

The regular mailing address will remain:

Regular Mailing Address:

New York Life Investments  
P.O. Box 219003  
Kansas City, MO 64121-9000

Securities distributed by NYLIFE Distributors LLC, 30 Hudson Street, Jersey City, NJ 07302.



## New York Life Investments Funds IRA, SEP IRA, Roth IRA, 403(b)(7) Beneficiary Change Form

- Use this form to add or change beneficiary designations on an existing New York Life Trust Company Custodial IRA or 403(b)(7) account.
- All Funds under the same account number must reflect the same beneficiary designation.
- A primary beneficiary is any beneficiary who will receive the assets at the time of the IRA/403(b)(7) holder's death.
- A contingent beneficiary will have rights to the assets at the time of the IRA/403(b)(7) holder's death if the primary beneficiary predeceases the contingent beneficiary.
- You must declare a primary beneficiary in order to declare a contingent beneficiary.
- Please note that an Estate is not a valid beneficiary designation. Assets in your account will automatically pass to your Estate if no beneficiary is designated.

### 1 Current Account Information *(Required)*

Name *(Exactly as it appears on your statement)*

Account Number(s)

### 2 Change of Beneficiary

Use only for accounts currently registered with New York Life Trust Company as Custodian.

**For each designation, Primary and Contingent, the allocated percentages must total 100%.**

- ☐ Add new beneficiaries to existing beneficiary designation.
- ☐ Revoke all previous beneficiary designations and replace with new designations as indicated.

#### Primary

Beneficiary's Full Name or Trust Name<sup>1</sup> *(Please print.)*

Relationship to Owner *(Please check one.)*

☐ Spouse ☐ Non-spouse

Social Security Number or Tax Identification Number

Date of Birth/Trust *(MM/DD/YYYY)*

Share Percentage<sup>2</sup>

%

☐ Primary ☐ Contingent

Beneficiary's Full Name or Trust Name<sup>1</sup> *(Please print.)*

Relationship to Owner *(Please check one.)*

☐ Spouse ☐ Non-spouse

Social Security Number or Tax Identification Number

Date of Birth/Trust *(MM/DD/YYYY)*

Share Percentage<sup>2</sup>

%

☐ Primary ☐ Contingent

Beneficiary's Full Name or Trust Name<sup>1</sup> *(Please print.)*

Relationship to Owner *(Please check one.)*

☐ Spouse ☐ Non-spouse

Social Security Number or Tax Identification Number

Date of Birth/Trust *(MM/DD/YYYY)*

Share Percentage<sup>2</sup>

%

1. Only certain kinds of trusts can be listed as a beneficiary, refer to IRS Publication 590-B to verify what kinds of trusts are allowed.

2. If no share percentage(s) is/are indicated, it will be assumed that percentages are equal for each type of beneficiary, primary or contingent.

**2 Change of Beneficiary** *(Continued)*☐ **Primary**   ☐ **Contingent**Beneficiary's Full Name or Trust Name<sup>1</sup> *(Please print.)*Relationship to Owner *(Please check one.)*☐ Spouse   ☐ Non-spouse

Social Security Number or Tax Identification Number

Date of Birth/Trust *(MM/DD/YYYY)*Share Percentage<sup>2</sup>

%

☐ **Primary**   ☐ **Contingent**Beneficiary's Full Name or Trust Name<sup>1</sup> *(Please print.)*Relationship to Owner *(Please check one.)*☐ Spouse   ☐ Non-spouse

Social Security Number or Tax Identification Number

Date of Birth/Trust *(MM/DD/YYYY)*Share Percentage<sup>2</sup>

%

☐ **Primary**   ☐ **Contingent**Beneficiary's Full Name or Trust Name<sup>1</sup> *(Please print.)*Relationship to Owner *(Please check one.)*☐ Spouse   ☐ Non-spouse

Social Security Number or Tax Identification Number

Date of Birth/Trust *(MM/DD/YYYY)*Share Percentage<sup>2</sup>

%

**3 Consent of Spouse**

If you are married and live in a community property state (AZ, CA, ID, LA, NV, NM, TX, WA, WI) or live in Alaska and have opted to file a community property agreement, and designate a primary beneficiary other than your spouse to receive more than half of your account, your spouse must sign below to evidence his or her consent to such beneficiary designation. If you have any questions regarding community property states, please consult an attorney.

☐ Check here if you have no spouse.

I hereby consent to my spouse's beneficiary designation.

Signature of Account Holder's Spouse

X \_\_\_\_\_

Date *(MM/DD/YYYY)***4 Signature** *(Required)*Signature of Shareholder *(Exactly as registered)*

X \_\_\_\_\_

Daytime Phone Number *(Required)*Date *(MM/DD/YYYY)***newyorklifeinvestments.com****For Assistance:**

Call your investment professional or call  
toll-free 800-624-6782/option 2

**Mailing Address:**

New York Life Investments Funds  
P.O. Box 219003  
Kansas City, MO 64121-9000

**Overnight Express Address:**

New York Life Investments Funds  
430 West 7th Street, Suite 219003  
Kansas City, MO 64105-1407