

CONFIDENTIAL COMMUNICATION REQUEST FORM
Life Insurance and Annuity

You may use this form to request that New York Life keep confidential your or another person's contact information from a contract or policy owner against whom you or another person has obtained a valid order of protection. For purposes of this form "you", "your", or "another person" is the "Covered Individual".

1. Covered Individual(s) Requesting Confidential Communications

Name(s): _____

Current Address: _____

Date of Birth: _____

2. Please identify affected policies/contracts and indicate whether you are the owner or the insured/annuitant.

Policy/Contract Number(s): _____ owner insured/annuitant

_____ owner insured/annuitant

3. Please identify the individual(s) against whom the order of protection was obtained.

Name: _____ Relationship: _____

Name: _____ Relationship: _____

4. I, the Covered Individual, request that New York Life send company related communications to me by the following alternative means or locations because the disclosure of this information to the individual(s) named above could endanger me. I understand my request will remain in effect unless revoked by me in writing.

In care of: _____

(If you are using someone else's address, then enter his or her name here)

Alternative Address: _____

Alternative Phone Number: _____ Email Address (optional): _____

Signature: _____ Date: _____

Covered Individual/Parent/Guardian/Legal Representative

If the Covered Individual is a minor (under 18) or is otherwise incapacitated and the person making this request is the parent, guardian, or other legal representative then please provide:

Parent/Guardian/Legal Representative's Name: _____

Relationship to Covered Individual: _____

Parent/Guardian/Legal Representative's Phone Number: _____