

FORMER PARTICIPANT ROLLOVER FORM

You may be eligible to receive a payment from a class action settlement. The court has preliminarily approved the class settlement of *Krohnengold, et al. v New York Life Insurance Company, et al.*, Civil Action No. 1:21-cv-01778-JMF (S.D.N.Y.). That settlement provides for allocation of monies to certain persons who participated in or were beneficiaries of the New York Life Insurance Company Employee Progress-Sharing Investment Plan or the New York Life Insurance Company Agents Progress-Sharing Plan (“Plans”) at any time between March 2, 2015 and the Effective Date of the Settlement, and whose individual accounts were invested in one or more of the following funds during that time: MainStay Epoch U.S. All Cap Fund, MainStay Epoch U.S. Small Cap Fund, MainStay Income Builder Fund, any MainStay Retirement Fund, or the Fixed Dollar Account in the Plans (“Class Members”). The terms of that Settlement are summarized in the accompanying Notice of Class Action Settlement that is included with this form. For additional information, please review the Notice, visit www.NYLifeERISASettlement.com or call 1-855-731-5599.

This Former Participant Rollover Form is **ONLY** for Class Members who are **Former Participants**, or the beneficiaries or alternate payees of Former Participants (all of whom will be treated as Former Participants) in the Plans. A Former Participant is a Class Member who does not have a Plan account with a balance greater than \$0.00 as March 5, 2024.

Former Participants who would like to elect to receive their settlement payment through a rollover to a qualified retirement account must complete, sign, and mail this form with a postmark on or before **July 8, 2024**. Please review the instructions below carefully. **Former Participants who do not complete and timely return this form will receive their settlement payment by a check payable to themselves (subject to applicable tax withholding). If you have questions regarding this form, you may contact the Settlement Administrator as indicated below:**

WWW.NYLIFEERISASETTLEMENT.COM OR CALL 1-855-731-5599

PART 1: INSTRUCTIONS FOR COMPLETING FORMER PARTICIPANT ROLLOVER FORM

1. If you would like to receive your settlement payment through a rollover to a qualified retirement account, complete this rollover form. You should also keep a copy of all pages of your Former Participant Rollover Form, including the first page with the address label, for your records.
2. **Mail your completed Former Participant Rollover Form postmarked on or before July 8, 2024 to the Settlement Administrator at the following address:**

NY Life ERISA Settlement Administrator
P.O. Box 2010
Chanhassen, MN 55317-2010

It is your responsibility to ensure the Settlement Administrator has timely received your Former Participant Rollover Form.

3. Other Reminders:
 - You must provide all required information (including date of birth and social security number) and sign and date your form where indicated below.
 - If you omit to provide all necessary information or fail to sign and date your form, payment will be made to you by check.
 - If you change your address after sending in your Former Participant Rollover Form, please provide your new address to the Settlement Administrator.

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- **Timing Of Payments To Eligible Class Members.** The timing of the distribution of the Settlement payments are conditioned on several matters, including the Court's final approval of the Settlement and any approval becoming final and no longer subject to any appeals in any court. If the Settlement is approved by the Court, and there are no appeals, the Settlement distribution likely will occur within three months of the Court's Final Approval Order.

4. **Questions?** If you have any questions about this Former Participant Rollover Form, please call the Settlement Administrator at 1-855-731-5599. The Settlement Administrator will provide advice only regarding completing this form and will not provide financial, tax or other advice concerning the Settlement. You therefore may want to consult with your financial or tax advisor. Information about the status of the approval of the Settlement and the Settlement administration is available on the settlement website, at www.NYLifeERISAsettlement.com.

PART 2: PARTICIPANT INFORMATION

First Name	M.I.	Last Name
<input style="width: 100%;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 100%;" type="text"/>
Mailing Address		
<input style="width: 100%;" type="text"/>		
City	State	Zip Code
<input style="width: 70%;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>
Home Phone	Work Phone or Cell Phone	
<input style="width: 25px;" type="text"/> - <input style="width: 25px;" type="text"/> - <input style="width: 30px;" type="text"/>	<input style="width: 25px;" type="text"/> - <input style="width: 25px;" type="text"/> - <input style="width: 30px;" type="text"/>	
Participant's Social Security Number	Participant's Date of Birth	
<input style="width: 25px;" type="text"/> - <input style="width: 25px;" type="text"/> - <input style="width: 30px;" type="text"/>	<input style="width: 25px;" type="text"/> - <input style="width: 25px;" type="text"/> - <input style="width: 30px;" type="text"/>	
Email Address	M M	D D Y Y Y Y
<input style="width: 100%;" type="text"/>		

PART 3: BENEFICIARY OR ALTERNATE PAYEE INFORMATION (IF APPLICABLE)

Check here if you are the **surviving spouse or other beneficiary** for the Former Participant and the Former Participant is deceased. **Documentation must be provided showing current authority of the representative to file on behalf of the deceased.** Please complete the information below and then continue on to Parts 4 and 5 on the next page.

Check here if you are an alternate payee under a qualified domestic relations order (QDRO). The Settlement Administrator may contact you with further instructions. Please complete the information below and then continue on to Parts 4 and 5 on the next page.

Your First Name	Middle	Last Name
<input style="width: 100%;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 100%;" type="text"/>
Your Social Security Number or Tax ID Number	Your Date of Birth	
<input style="width: 25px;" type="text"/> - <input style="width: 25px;" type="text"/> - <input style="width: 30px;" type="text"/>	<input style="width: 25px;" type="text"/> - <input style="width: 25px;" type="text"/> - <input style="width: 30px;" type="text"/>	
Your Mailing Address	M M	D D Y Y Y Y
<input style="width: 100%;" type="text"/>		
City	State	Zip Code
<input style="width: 70%;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>

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