



AUTHORIZATION

NAME OF DEPONENT: NEW YORK LIFE INSURANCE COMPANY
51 MADISON AVENUE, NEW YORK, NEW YORK, 10010
NAME ON RECORD: _____
DATE OF BIRTH: _____
ADDRESS: _____

I, THE UNDERSIGNED, HEREBY AUTHORIZE THE ABOVE PERSON(S) TO FURNISH XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
AND/OR RECORDS DEPOSITION SERVICE, INC. 120 W. MADISON STREET, STE. 300 CHICAGO, IL 60602
WITH ANY AND ALL INFORMATION WHICH MAY BE REQUESTED REGARDING MYSELF AND TO ALLOW THEM OR ANY PERSON APPOINTED
BY THEM TO EXAMINE OR PHOTOCOPY ANY RECORDS OF ME OR RECORDS WHICH YOU MAY HAVE CONTAINED IN MY FILE. *

WITHOUT EXPRESSED REVOCATION, THIS CONSENT EXPIRES ON THE DATE SET FORTH BELOW OR FOR THE FOLLOWING SPECIFIED
REASON: CONDITION: ONCE INFORMATION IS DISCLOSED, NO FURTHER INFORMATION CAN BE DISCLOSED PURSUANT TO THIS
CONSENT.

OR DATE: _____ OR EVENT: _____
OR NONE: _____

A PHOTOCOPY OF THIS DOCUMENT SHALL BE CONSIDERED VALID AS IF THE ORIGINAL WERE OFFERED.

SIGNATURE: _____ DATE: _____

SUBSCRIBED AND SWORN TO ME THIS _____ DAY OF _____
_____ 20 ____.

*I HEREBY HOLD NEW YORK LIFE INSURANCE CO. FREE
FROM ALL CLAIMS AND DEMANDS BY REASON OF IT'S
PRODUCTION OF MY RECORDS MAINTAINED BY IT'S
PURSUANT TO THIS AUTHORIZATION.

NOTARY PUBLIC, _____ COUNTY

MY COMMISSION EXPIRES: _____