

# New York Life's Child ID Program.

## Sibling Information

Child's photo, fingerprints, and information are deleted upon creation of ID; no child's information is stored by New York Life.

### Sibling 1

First name:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Height:	Weight (lbs):
Middle name:	Eye color:	Hair color:	Glasses:
Last name:	Race for identification:		
Nickname:	Birth month:	Day:	Year:
Other notes and health considerations:		Distinguishing marks:	

### Sibling 2

First name:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Height:	Weight (lbs):
Middle name:	Eye color:	Hair color:	Glasses:
Last name:	Race for identification:		
Nickname:	Birth month:	Day:	Year:
Other notes and health considerations:		Distinguishing marks:	

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Parent/Guardian name:	Email address:
Street address, City, State, Zip:	Phone number:

- I would like to receive information via e-mail from New York Life Insurance Company.
- |  |   |  |
|--|---|--|
| <input type="checkbox"/> College funding     | <input type="checkbox"/> Business continuation              | <input type="checkbox"/> Career with New York Life (EOE M/F/D/V) |
| <input type="checkbox"/> Life insurance      | <input type="checkbox"/> Long-Term Care insurance           | <input type="checkbox"/> Other _____                             |
| <input type="checkbox"/> Mortgage protection | <input type="checkbox"/> Supplemental retirement income     |  |
| <input type="checkbox"/> Fixed Annuities*    | <input type="checkbox"/> Estate conservation                |  |
| <input type="checkbox"/> Charitable giving   | <input type="checkbox"/> Children's/Grandparent's insurance |  |
- I am a New York Life client. My agent is \_\_\_\_\_

\*Issued by New York Life Insurance and Annuity Corporation, a subsidiary of New York Life Insurance Company\*

AR06376.102014 SMRU523802(Exp. 12.31.2015)



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