

# New York Life's Child ID Program.

## Child's Information

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

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

Parent/Guardian name:

Street address, city, state, zip:

Phone number:

Email address:

### I am the Parent/Guardian

Your personal information, such as your name, address, telephone number, and email address, will be kept secure and will be used only to answer your inquiry and supply you with information on New York Life products and services. You may unsubscribe at any time.

How did you hear about this event?

- Poster in local store  Flyer from school/group  Print advertisement  Website  
 Radio  Television  Word of mouth  Other \_\_\_\_\_
- I would like to receive information via email from New York Life Insurance Company.
- |  |  |
|--|--|
| <input type="checkbox"/> College funding       | <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"/> 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      |
| <input type="checkbox"/> Business continuation | <input type="checkbox"/> Other                                   |

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.

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