

# MainStay Funds

## *Account Application*

*Effective September 1, 1998*



THIS APPLICATION IS NOT PART OF THE PROSPECTUS.

**MSAPP03-09/98**

# Account Application Instructions and Registration Requirements

Not to be used for retirement plans

## Account Registration

Select the appropriate type of account from the list. If you are establishing an IRA account you must use the Mainstay IRA application, which is not contained herein.

### INDIVIDUAL

Signature should be identical to your registration. Please do not use titles such as Mr., Ms., Dr., etc.

### JOINT TENANTS

With the exception of Louisiana and Tennessee, all joint account holders will be considered joint tenants with rights of survivorship unless otherwise specified. The Social Security number should be that of the first tenant listed in the account registration. All income/sales proceeds will be reported to the first tenant's Social Security number.

### UGMA/UTMA

Only one custodian and one minor allowed per account. The minor's Social Security number must be provided. The application and subsequent instructions must be signed by the custodian. The state indicated should be that of the donor.

### TRUST

Provide the name(s) of the trustees required to act on behalf of the trust and provide the trust date. The trust must be established under a written document.

### CORPORATION

The application must be signed by an authorized officer of the corporation and the corporation's Tax Identification number must be provided.

For the following types of accounts, please contact your Registered Representative for the proper forms.

- **TRANSFER ON DEATH (TOD)** (Form MSMS 12)-A TOD registration form must be submitted before the Transfer on Death registration is recognized and any beneficiaries are listed. Available in most states; see guidelines on the TOD form.
- **GOVERNMENT ALLOTMENT** (Form MSMS06)-AG overnment Allotment and a 1199A form must be submitted.

## Investor's Personal Information

This section must be completed unless the account is being opened through a Broker/Dealer other than NYLIFE Securities Inc.

### INVESTMENT OBJECTIVE

Please read the prospectus and choose the Mainstay Fund(s) and class of shares that fit your investment objective(s). Class "A" shares are generally subject to an initial sales charge and no redemption fee; Class "B" shares are generally subject to a Contingent Deferred Sales Charge (CDSC) on redemptions occurring within six years of the date of purchase. Class "C" shares are subject to a Contingent Deferred Sales Charge (CDSC) for one year following date of purchase. Consult the prospectus for more information on charges, expenses, and share classes.

### RIGHTS OF ACCUMULATION (Class A Share Purchases Only)

When buying Class A shares of Mainstay Funds, you may combine the value of Class A, B, and C shares already owned by you and members of your immediate family to determine your eligibility to receive a reduced sales charge. See the prospectus for further details.

### LETTER OF INTENT (Class A Share Purchases Only)

If you intend to invest a certain amount over a 24-month period in one or more of the Mainstay Funds, you may be entitled to a reduced sales charge. See the prospectus for further details.

## Shareholder Options

### BANK WIRE REDEMPTIONS

Complete this section to authorize Mainstay to have redemption proceeds wired directly to your bank. If this section is not completed telephone redemption proceeds will be mailed to the address of record. Your bank may charge you for bank wire redemptions.

### BANK INFORMATION

To choose the AutoInvest or Bank Wire Redemption options, or to have dividends mailed to your bank, attach a voided check to BANK INFORMATION in the Shareholder Options section and supply all requested bank information. Please be sure to provide the complete bank information to ensure timely processing.

# Account Application

Not to be used for retirement plans

# MainStay Funds



### TYPE OF ACCOUNT

- Individual
- Joint Tenants\*
- Corporation
- Trust
- Partnership
- Guardian (Court documentation required)
- UGMA/UTMA State \_\_\_\_\_
- Other \_\_\_\_\_

### CITIZENSHIP

- USA
- Resident Alien
- Non-resident Alien
- Other – Country \_\_\_\_\_

### SOCIAL SECURITY NUMBER (Required for Individuals)

\_\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

### TAX IDENTIFICATION NUMBER (Required for Corporations, Trusts, and other Entities)

\_\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Name of Individual, Custodian, Corporation, or Trust \_\_\_\_\_

Date of Trust Agreement \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of Birth-MM/DD/YYYY \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Joint Tenants, Minor, Trustee(s) \_\_\_\_\_

Date of Birth-MM/DD/YYYY \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

### Existing Mainstay Account Please provide:

Fund Name(s) \_\_\_\_\_ Class \_\_\_\_\_ Account Number(s) \_\_\_\_\_

This is an Employee Account: Employee Name \_\_\_\_\_ Employer \_\_\_\_\_  
(Class A shares at NAV)

Dept. \_\_\_\_\_

If applicant is employed by another NASD member firm, provide name and address of firm: \_\_\_\_\_

\*With the exception of Louisiana and Tennessee, all Joint Tenant accounts will be registered Joint Tenants with Rights of Survivorship unless otherwise specified.

## 2. Investor's Personal Information (Required unless the account is opened through a Broker/Dealer other than NYLIFE Securities Inc.)

NASD rules require the Registered Representative to have reasonable grounds for believing that the sale is suitable for the investor(s). Such decision will be based on the facts, if any, disclosed by the investor after a reasonable inquiry and on other information known by the Registered Representative.

### FINANCIAL INFORMATION

Cash Available \$ \_\_\_\_\_

Net Worth \$ \_\_\_\_\_  
(Excluding homes, cars, furnishings)

Estimated Household Income \$ \* \_\_\_\_\_

Tax Bracket (%) \_\_\_\_\_

### EMPLOYER INFORMATION

Check here if you are retired.

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Occupation/Business \_\_\_\_\_

**3. Fund Selection and Class Selection** (Required—Choose only one class of shares per Fund)

Please specify **Fund selection and class of shares**. A systematic investment or a minimum \$500 initial investment is required for all Funds except the Equity Index and Money Market Funds, which have a \$1,000 initial investment minimum. Do not send cash.

FUND NAME/OBJECTIVE	CLASS A SHARES* OR CLASS B SHARES* OR CLASS C SHARES*		
	Initial Sales Charge	Contingent Deferred Sales Charge	
<b>AGGRESSIVE GROWTH FUNDS</b>	Mainstay Small Cap Growth Fund Long-term capital appreciation	\$ (947) \$ (948) \$ (987)	
	<b>MainStay Small Cap Value Fund</b> Long-term capital appreciation	\$ (945) \$ (946) \$ (926)	
<b>GROWTH FUNDS</b>	<b>MainStay Blue Chip Growth Fund</b> Capital appreciation & current income	\$ (818) \$ (88) \$ (218)	
	<b>MainStay Capital Appreciation Fund</b> Long-term capital growth	\$ (640) \$ (40) \$ (740)	
<b>GROWTH FUNDS</b>	Mainstay Equity Index Fund Capital growth & current income	\$1,000 minimum \$ (72) <b>(Class A shares only)</b>	
	Mainstay International Equity Fund Long-term capital growth	\$ (656) \$ (56) \$ (456)	
<b>GROWTH &amp; INCOME FUNDS</b>	<b>Mainstay Convertible Fund†</b> Capital growth & current income	\$ (642) \$ (42) \$ (192)	
	Mainstay Equity Income Fund Long-term total return	\$ (111) \$ (164) \$ (121)	
	<b>Mainstay Growth Opportunities Fund</b> Long-term capital growth	\$ (910) \$ (911) \$ (311)	
	<b>Mainstay Research Value Fund</b> Long-term capital appreciation	\$ (160) \$ (161) \$ (851)	
	<b>Mainstay Strategic Value Fund</b> Long-term total return	\$ (690) \$ (90) \$ (850)	
	<b>Mainstay Total Return Fund</b> Current income & capital growth	\$ (657) \$ (57) \$ (637)	
	<b>Mainstay Value Fund</b> Capital growth & current income	\$ (641) \$ (41) \$ (741)	
<b>INCOME FUNDS</b>	<b>Mainstay High Yield Corp. Bond Fund</b> Current income	\$ (643) \$ (43) \$ (193)	
	<b>Mainstay Money Market Fund</b> Current income, capital preservation minimum	\$1,000 minimum \$ (648) \$ (48) \$ (849)	
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

TOTAL AMOUNT OF CHECK(S) \$ \_\_\_\_\_

WIRE ORDER NUMBER \_\_\_\_\_

Enclose check(s) payable to: "Mainstay Funds"

\* For more details and special circumstances in which salescharges do not apply see the prospectus.

† The Mainstay Convertible Fund is closed to new investors.

**4. Registered Representative Information** (Registered Representative must complete either A or B)

**A. NYLIFE SECURITIES INC. REGISTERED REPRESENTATIVES ONLY**

*For Registered Representative use only. Do not complete for employee accounts.*

REGISTERED REPRESENTATIVE PHONE NUMBER **800-559-2900** or **781-235-5777**

I hereby affirm that this transaction is suitable for the customer.

Registered Representative Name (Print) **Bruce Fenton** Rep. Number **R 27** G.O. Code \_\_\_\_\_  
Registered Representative Name (Sign) \_\_\_\_\_ Date Signed \_\_\_\_\_ Commission Percentage \_\_\_\_\_

I hereby affirm that this transaction is suitable for the customer.

Registered Representative Name (Print) \_\_\_\_\_ Rep. Number \_\_\_\_\_ G.O. Code \_\_\_\_\_  
Registered Representative Name (Sign) \_\_\_\_\_ Date Signed \_\_\_\_\_ Commission Percentage \_\_\_\_\_

**B. FOR ALL BROKER/DEALERS (EXCEPT NYLIFE SECURITIES INC.)**

*Please print clearly. Do not complete for employee accounts.*

Dealer Name **Atlantic Financial / Cantella & Co.** Dealer Number \_\_\_\_\_

Branch Address **555 Washington Street, Suite #1** Branch Number **A7T**

Registered Representative Name **Bruce Fenton** Registered Representative's ID Number **R 27**

Authorized Signature of Dealer \_\_\_\_\_ Branch Phone Number **781-235-5777** Date-MM/DD/YYYY **/ /**

**5. Reduced Sales Charges** (Class A shares only)

**Please list any existing accounts to be considered for Rights of Accumulation or Letter of Intent and check the applicable sections.**

Mainstay Fund Name/Class \_\_\_\_\_ Account Number \_\_\_\_\_

Mainstay Fund Name/Class \_\_\_\_\_ Account Number \_\_\_\_\_

**RIGHTS OF ACCUMULATION**

**When buying Class A shares of the Mainstay Funds, you may combine the value of Class A, Class B, and Class C shares already owned by you and members of your immediate family to determine your eligibility to pay a reduced sales charge.**

I would like to use the combined assets in the above Mainstay account(s) to qualify for a reduced sales charge.

**LETTER OF INTENT**

**If you intend to invest a certain amount over a 24-month period in one or more of the Mainstay Funds, you may be entitled to a reduced sales charge. Ask your Registered Representative for detailed information concerning escrow and default provisions**

I plan to invest, over a 24-month period, a total of at least: (Check one)

\$ 100,000       \$ 250,000       \$ 500,000       \$1 million or more

## 6. Shareholder Options

### DIVIDEND AND CAPITAL GAIN INSTRUCTIONS

All distributions will be reinvested in additional shares unless otherwise specified below. Make a selection for each: dividends and capital gains.

#### Dividends

- Reinvest dividends in additional shares of same Fund/Class
- Pay dividends in cash
- Invest dividends in: (One account only)

\_\_\_\_\_

Mainstay Fund Name/Class (Must be the same class)

\_\_\_\_\_

Account Number

- Send dividends to my bank by way of:
- ACH  Check
- (Complete the BANK INFORMATION portion below)

- Pay \_\_\_\_\_ % of my dividends in cash and reinvest the remainder in shares of the same Fund/Class.

#### Capital Gains

- Reinvest capital gains in additional shares of same Fund/Class
- Pay capital gains in cash
- Invest capital gains in: (One account only)

\_\_\_\_\_

Mainstay Fund Name/Class (Must be the same class)

\_\_\_\_\_

Account Number

- Send capital gains to my bank by way of:
- ACH  Check
- (Complete the BANK INFORMATION portion below)

- Pay \_\_\_\_\_ % of my capital gains in cash and reinvest the remainder in shares of the same Fund/Class.

### AUTOINVEST

To establish electronic transfer of monies from your bank account into a Mainstay Fund complete this section and BANK INFORMATION below. Designate a draft date between the 1st and 28th day of the month only. The draft will be made on or about the date requested. If no day is indicated, the draft will be made on or about the 15th of the month. Your bank must be a member of the Automated Clearing House (ACH).

- Yes, I'd like to sign up for AutoInvest. Transfer monies from my bank account to the Mainstay Fund(s) designated below based on the following schedule:
- Monthly (Beginning month/day) \_\_\_\_\_
- Quarterly (Beginning month/day) \_\_\_\_\_
- Semiannually (Month/month/day) \_\_\_\_\_
- Annually (Month/day) \_\_\_\_\_
- For additional deposits upon request

Indicate which Fund(s) you want to automatically invest in and the dollar amount. (\$50 monthly minimum per Fund for all Funds. \$1,000 monthly minimum for the Equity Index Fund.) See prospectus for additional investment minimums.

_____	_____	\$ _____
Mainstay Fund Name/Class	Account Number	Investment Amount
_____	_____	\$ _____
Mainstay Fund Name/Class	Account Number	Investment Amount
_____	_____	\$ _____
Mainstay Fund Name/Class	Account Number	Investment Amount

### BANK INFORMATION (Please attach a voided check to ensure accuracy)

This section is required for the AutoInvest or Bank Wire Redemption options, or to have dividend or capital gains sent to your bank.

\_\_\_\_\_

Name(s) on Bank Account

\_\_\_\_\_

Bank Account Number

\_\_\_\_\_

Bank Name

\_\_\_\_\_

Branch Name

\_\_\_\_\_

Bank Routing Number

\_\_\_\_\_

Bank Street Address

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_

Zip Code

Attach Voided Check Here

**7. For Money Market Fund Shareholders Only  
Checkwriting Service Signature Card  
Subject to the following conditions**

Complete this signature card for free checkwriting privileges for checks in amounts of \$100 or more.

\_\_\_\_\_  
Account Number (To be completed by Mainstay)

\_\_\_\_\_  
Account Registration (Must be same as ACCOUNT REGISTRATION in Section 1)

\_\_\_\_\_  
Authorized Signature(s) of Registered Account Holders (All shareholders whose names appear in Section 1 must sign. Only shareholders whose names appear in the account registration may be authorized to sign checks.)

Specify the number of required signature(s). (Circle) 1 2 3 4

Check the appropriate box for required signature(s).

- One Signature  
 Combination of Signatures  
 All Signatures

***The payment of monies is authorized by the signature(s) appearing above. If this card is signed by more than one person, all checks will require all signatures appearing above unless a lesser number is indicated. If no indication is given, all checks will require all signatures. Each signatory guarantees the genuineness of the other signature(s).***

***State Street Bank & Trust Company (the "Bank") is hereby appointed agent by the person(s) (the "Shareholder(s)") signing this card and, as agent, is authorized and directed to present checks drawn on this checking account to the Mainstay Money Market Fund or Mainstay Shareholder Services as requests to redeem shares registered in the name of the Shareholder(s) in the amount of such checks and to deposit the proceeds of such redemption in this checking account. The Bank will be liable only for its own negligence. The Shareholder or Shareholders agree to be subject to the rules and regulations of the Bank pertaining to this checking account as amended from time to time. The applicable rules and regulations will be made available by the Bank, upon request, when a Shareholder establishes checkwriting privileges. The Bank reserves the right to change, modify, or terminate this checking account and authorization at any time. Neither State Street Bank nor the Mainstay Money Market Fund shall be held liable for any loss liability, cost, or expenses for acting in accordance with the above terms.***

 MAINSTAY® FUNDS

## 6. Shareholder Options (Cont)

### BANK WIRE REDEMPTIONS

Complete this section and BANK INFORMATION on page 4 to authorize Mainstay to have redemption proceeds wired directly to your bank. If this section is not completed, telephone redemption proceeds will be mailed to your address of record.

I/We hereby authorize Mainstay Shareholder Services Inc. (MSS) to honor my/our telephone requests to have a minimum of \$5,000 withdrawn from my/our account and wired to the bank designated in BANK INFORMATION on page 4. A \$5.00 fee will be imposed for redemptions by bank wire and are limited to one per 30-day period.

### SYSTEMATIC EXCHANGE PROGRAM (Minimum initial account value: \$10,000)

If account balance is less than the amount to be exchanged, no further exchanges will be made and the exchange privilege will be terminated. See the prospectus for further details. The exchange program may be amended or terminated at any time upon prior notice. Exchanges can only be made between like classes of shares. This option is not available for the Equity Index Fund.

From: Mainstay Fund Name/Class Account Number To: Mainstay Fund Name/Class Account Number  
Amount: \$ Beginning: Frequency: Monthly Quarterly  
(Minimum \$100) Day to Begin Exchanges-MM/DD/YYYY (Circle one) Semiannually Annually

### SYSTEMATIC WITHDRAWAL PLAN (SWP) (Minimum initial account value: \$10,000)

If this plan is elected, all distributions must be reinvested *If* account balance is Less than the amount to be withdrawn, no further withdrawals will be made and the withdrawal privilege will be terminated. See the prospectus for further details.

(Note: To pay monthly New York Life insurance premiums, use form MSMS08.)

Send a check for \$ (Minimum \$100) **- OR** Send a check based on an annual withdrawal of %  
from from  
Mainstay Fund Name/Class Mainstay Fund Name/Class  
Account Number Account Number  
beginning the fifth business day of beginning the fifth business day of  
Frequency: (Circle one) Month Year Frequency: (Circle one) Month Year  
Monthly Quarterly Semiannually Annually Monthly Quarterly Semiannually Annually

(To qualify for the 10% CDSC SWP waiver, you must indicate 10% or less in the box above. Only available on monthly and quarterly withdrawals.)

Send check to:  My address in Section 1  My bank account via ACH (As specified BANK INFORMATION on page 4).  
 Special Address:

(Give name and address only if different from account registration)

### TELEPHONE TRANSACTIONS-IMPORTANT: YOU MUST CHECK BELOW IF YOU DO NOT WANT TELEPHONE TRANSACTIONS.

Unless I have checked the box below, these privileges will automatically apply, and by signing this application, I hereby authorize Mainstay Funds and MSS to act on my telephone instructions, or on telephone instructions from my dealer representative as outlined in the prospectus. The transactions refer to redemptions (including the set-up of a systematic withdrawal plan) and exchanges; increasing, decreasing, or discontinuing pre-authorized checking and systematic withdrawals; changing distribution options; changing the address of record; and reordering checkbooks.

I do not elect to have the telephone check redemption option.  I do not want the telephone exchange option.

**8. Investment Check Authorization** (Required if opened through a NYLIFE Securities Inc. Registered Representative)

**This section must be completed if the investment check represents proceeds from a Mutual Fund, Life Insurance Policy, Annuity, or Certificate of Deposit (CD). This applies even if the investment check does not accompany the application.**

This purchase with the proceeds of the redemption or surrender of one of the following investments may cause a tax liability. (Check all that apply and provide the company name, account number, and approximate dollar amount of the proceeds.)

- Mutual Fund If I redeem shares that are subject to a back-end load, I may be required to pay a sales charge on the redemption, as well as being subject to a back-end or a front-end load on the shares that I am purchasing.
- Life Insurance There may be a surrender charge on the life insurance policy I have taken a loan on or terminated. The surrender of a life insurance policy may result in taxable income if the cash surrender value of the policy exceeds my investment in the contract. In addition, as a result of this surrender or loan, the protection afforded by the insurance policy may be eliminated or reduced.
- Annuity There may be a surrender charge on the annuity I surrendered. The surrender of an annuity contract may result in taxable income if the cash surrender value of the policy exceeds my investment in the contract. In addition, if I am under 59 1/2, I may incur an additional 10% IRS imposed penalty on any earnings taken in a distribution from an annuity.
- CD Mutual Funds are not backed or guaranteed by any bank or insured by the FDIC. Mutual Funds are subject to investment risks, which may involve the loss of principal amount invested. If I liquidate my Certificate of Deposit prior to maturity, I may be required to pay a penalty.

		\$
Company Name	Account Number	Amount
		\$
Company Name	Account Number	Amount

**9. Signatures and Certification** (Required)

**I/We hereby acknowledge receipt of a current prospectus of the Mainstay Fund(s) selected in Section 3. Furthermore, I/we have read, understand, and agree to the terms and conditions contained therein, and am/are aware of, understand, and accept the risks, charges, and expenses associated with the investment(s) selected. Under penalties of perjury, I/we certify that (1) the Social Security number or Tax Identification number shown on this application is correct, and (2) that I am not subject to back-up withholding because: (a) I have not been notified that I am subject to back-up withholding as a result of a failure to report all interest or dividends, or (b) the IRS has notified me that I am no longer subject to back-up withholding. (Cross out item number 2 if the IRS has notified you that you are subject to back-up withholding.)**

**For non-resident aliens only: Under penalties of perjury, I/we certify that to the best of my knowledge and belief, I/we qualify as a foreign person as indicated in ACCOUNT REGISTRATION Section 1.**

The IRS does not require your consent to any provision of this application other than the certifications required to avoid back-up withholding. Each owner must sign.

Applicant's Signature \_\_\_\_\_ / / \_\_\_\_\_  
Date-MM/DD/YYYY Daytime Phone Number

Applicant's Signature \_\_\_\_\_ / / \_\_\_\_\_  
Date-MM/DD/YYYY Daytime Phone Number

City and State where application is signed (if different from address in Section 1) \_\_\_\_\_

## SYSTEMATIC EXCHANGE PROGRAM

Mainstay accounts with an initial value of \$10,000 or more can opt to have a minimum of \$100 exchanged monthly to another Mainstay Fund within the same class of shares. This option is not available for the Equity Index Fund. Please be sure to indicate the "TO" and the "FROM" accounts as well as the dollar amount of the exchange and the date the exchanges are to occur. Exchange privileges may be amended or terminated at any time upon prior notice.

## SYSTEMATIC WITHDRAWAL PLAN

Use this section to establish periodic redemptions from your Mainstay account(s). Proceeds will be mailed to the address of record on the account unless otherwise specified under SYSTEMATIC WITHDRAWAL PLAN in the Shareholder Options section. Minimum initial account value of \$10,000 is required; dividends and capital gains must be reinvested. This feature is not available for the Equity Index Fund or on share balances that have certificates outstanding. Under the Systematic Withdrawal Plan, the Contingent Deferred Sales Charge (CDSC) on Class B shares will be waived for monthly or quarterly withdrawals, up to an annual total of 10% of the value of a shareholder's Fund account.

## IMPORTANT:

Most Mainstay Funds are offered with three classes of shares. Investors should consider the investment amount, anticipated holding period, and other relevant information when deciding whether to purchase a particular class of shares.

Shares of the Funds are not deposits or obligations of, or guaranteed or endorsed by, any financial institution, and the shares are not federally insured by the Federal Deposit Insurance Corporation (FDIC), the Federal Reserve Board, or any other agency.

In connection with the telephone privileges described herein, the Funds or MSS will employ reasonable procedures, such as issuing written confirmation of telephone transactions, to confirm that instructions relayed by telephone are genuine and, if it does not follow such procedures, it may be liable for any losses due to unauthorized or fraudulent instructions. Neither the Funds nor MSS will be liable for following telephone instructions reasonably believed to be genuine.

Include Social Security number or Tax Identification number if corporation, trust, or other entity. If no Social Security or Tax Identification number is provided within 30 days of establishment of an account, 31% of any redemptions, exchanges, capital gains, or dividend income distributions will be withheld in accordance with IRS guidelines.

Indicate the Fund(s) and class of shares selected.

Please read the prospectus carefully before investing or sending money.

Make check(s) payable to "MainStay Funds."

Sign the application.

## ATTENTION NYLIFE SECURITIES INC. REGISTERED REPRESENTATIVES:

***The following required sections must be completed before submitting the application.***

Section 1 - Account Registration

Section 2 - Investor's Personal Information

Section 3 - Fund Selection and Class Selection

Section 4A - Registered Representative Information

Section 8 - Investment Check Authorization (If Applicable)

Section 9 - Signatures and Certification

## MAILING ADDRESSES

MAIL COMPLETED APPLICATION TO:

NYLIFE Securities Inc.  
Mutual Funds Administration  
P.O. Box 425  
Parsippany, NJ 07054-0425

FOR OVERNIGHT EXPRESS ONLY:

NYLIFE Securities Inc.  
Mutual Funds Administration  
260 Cherry Hill Road, 3rd Floor  
Parsippany, NJ 07054-1187

## ATTENTION ALL BROKER/DEALERS (EXCEPT NYLIFE SECURITIES INC.):

***The following required sections must be completed before submitting the application.***

Section 1 - Account Registration

Section 3 - Fund Selection and Class Selection

Section 4B - Registered Representative Information

Section 9 - Signatures and Certification

## MAILING ADDRESSES

MAIL COMPLETED APPLICATION TO:

Mainstay Funds  
P.O. Box 8401  
Boston, MA 02266-8401

FOR OVERNIGHT EXPRESS ONLY:

Mainstay Funds  
c/o Boston Financial Data Services  
2 Heritage Drive  
North Quincy, MA 02171-2138