



INVESTMENTS

## MainStay Funds

### Power of Attorney Registration Authorization and Indemnification Form

▪ Please note: Both pages require a notary signature and stamp or seal.

#### 1 Shareholder Information *(Required)*

Name of Shareholder *(Exactly as registered)*

Account Number

Fund Name(s) or Number(s)

Shareholder Address

Shareholder Phone Number

#### 2 Power of Attorney Information *(Required)*

Name of Attorney-in-Fact

Attorney-in-Fact Address

Attorney-in-Fact Phone Number

I do hereby make, constitute and appoint the individual specified above and whose specimen signature is below, my true and lawful attorney or agent ("Agent") for me and in my name, place and stead: (1) to transmit to the transfer agent NYLIM Service Company LLC ("NYLIM"), DST Asset Manager Solutions, Inc. ("DST"), and NYLIFE Distributors LLC ("NYLIFE"), either orally or in writing, in accordance with procedures established by either NYLIM or DST from time to time, instructions for the purchase, sale, exchange or account transfer of shares with respect to any account(s) I may hold with the above-named mutual fund(s); (2) to make, draw, sign, endorse, negotiate, cash, deliver and make a stop payment on checks drawn on any of my account(s) with said mutual fund(s); and (3) to enter into all other lawful transactions with respect to any of my said mutual fund account(s) including transfer into the name of, or direct remittance of the proceeds of sale to, the Agent (the "Authorization").

☐ I revoke any prior Power of Attorney with respect to these Authorizations.

I hereby agree to indemnify and hold NYLIM, DST, NYLIFE and the above-named mutual fund(s) harmless from acting upon instructions, either oral or written, believed to have originated from Agent and from any and all acts of Agent with respect to my account(s) and with respect to the shares or monies held in my account(s) with any of these mutual funds.

I understand that New York Life Investments is providing this form for completion by me as a customer service, that the provision of this form by New York Life Investments should not be considered legal advice and that I should seek my own legal and tax counsel prior to completing this form.

This Authorization is a continuing one and shall remain in full force and effect and shall be binding upon my heirs, executors, successors and beneficiaries or assigns until revoked by me. Such notice may be given either by a written notice addressed to NYLIM and delivered to P.O. Box 219003, Kansas City, MO 64121-9000. Such revocation will become effective as soon as NYLIM has had a reasonable amount of time to act upon it. The revocation shall not affect any right to indemnification hereunder arising from transactions or instruction initiated prior to NYLIM's acting on such revocation within a reasonable amount of time. In case of disability, incapacity or incompetence of the undersigned, this Authorization shall continue and NYLIM, DST, NYLIFE and the above-named mutual fund(s) shall not be responsible for any action taken on the basis of this Authorization until NYLIM has received written notice.

The undersigned has read the foregoing in its entirety before signing. **In witness whereof**, I have hereunto set my hand and seal:

**Signature of Shareholder** *(Current shareholder signature)*

Date *(MM/DD/YYYY)*

X \_\_\_\_\_ (L.S.)

I attest that the Shareholder named above appeared before me personally and is known by me to be the individual described in and who executed the foregoing instrument, and acknowledged that he/she executed the same.

**Signature of Notary Public** *(Stamp or seal required)*

X \_\_\_\_\_

Date *(MM/DD/YYYY)*

State

County

 ,S.S.

Notary Stamp or Seal:

**3 Affidavit of Attorney-in-Fact**

State

County

,S.S.

Name of Attorney-in-Fact

Name of Shareholder

Shareholder Address

Having been duly sworn and deposed, I say: That the shareholder named above, as principal, did appoint me his/her true and lawful attorney by the foregoing instrument hereby made a part hereof as of this date.

**Signature of Attorney-in-Fact**

Date (MM/DD/YYYY)

X \_\_\_\_\_

This signature will be used as a specimen signature.

I attest that the Attorney-in-Fact named above appeared before me personally and is known by me to be the individual described in and who executed the foregoing instrument, and acknowledged that he/she executed the same.

**Signature of Notary Public** (Stamp or seal required)

X \_\_\_\_\_

Date (MM/DD/YYYY)

State

County

,S.S.

Notary Stamp or Seal:

**newyorklifeinvestments.com****For Assistance:**

Call your investment professional or call  
toll-free 800-624-6782/option 2

**Mailing Address:**

MainStay Funds  
P.O. Box 219003  
Kansas City, MO 64121-9000

**Overnight Express Address:**

MainStay Funds  
430 West 7th Street, Suite 219003  
Kansas City, MO 64105-1407

"New York Life Investments" is both a service mark, and the common trade name, of certain investment advisors affiliated with New York Life Insurance Company. The MainStay Funds® are managed by New York Life Investment Management LLC and distributed by NYLIFE Distributors LLC, 30 Hudson Street, Jersey City, NJ 07302, a wholly owned subsidiary of New York Life Insurance Company. NYLIFE Distributors LLC is a Member FINRA/SIPC.