NASSAU

Nassau Life Insurance Company (the Company)

Regular Mail: PO Box 22012, Albany, NY 12201-2012
Overnight Mail: 15 Tech Valley Drive, Suite 201, East Greenbush, NY 12061-4142

Non-Retirement Account Transfer Form

A. Account Owner

Name		
Date of Birth	SSN	Daytime Phone
Address		
City	State	Zip Code

B. Source of Funds

Current accounts to be transferred: (Check the Source of Funds to be transferred)

☐ Savings ☐ Checking ☐ Mutual Fund ☐ Other: _____

☐ Certificate of Deposit: ☐ Do not transfer CD until maturity date: ____/____/_____

☐ Transfer CD immediately (I understand that penalty may be assessed for withdrawal prior to maturity)

Please note: If you are transferring a CD when it matures, please send us this form two weeks prior to maturity.

Company or Fund Name		
Account Number(s)	Phone	
Address		
City	State	Zip Code

C. Authorization to Redeem Accounts

Please redeem the account(s) referenced in section B:

☐ Redeem the entire account ☐ Redeem _____ % ☐ Redeem $ _____ from the Account

Make check payable to: Nassau Life Insurance Company

FBO _____

Mail to:
Nassau Life Insurance Company
PO Box 22012
Albany, NY 12201-2012

Overnight:
Nassau Life Insurance Company
15 Tech Valley Drive, Suite 201
East Greenbush, NY 12061-4142

D. Investment Instructions

☐ I am establishing a new Nassau Annuity ☐ Deposit proceeds into my existing Nassau Annuity contract #: _____

E. Authorization and Signature(s)

I (we) have received and read the prospectus(es), if applicable, and hereby authorize this transfer.

I understand that if community property or marital property law applies to my contract (Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, and Wisconsin) and I have not named my spouse as the sole beneficiary, my spouse may need to consent to the non-spouse designation. It is solely my responsibility to seek legal advice on questions regarding this designation for my contract. By submitting this form without spousal signature, I affirm that community property or marital property law does not apply to my contract and spousal consent is not required. In the event spousal consent is required, the Company is not liable for any consequences resulting from my failure to obtain proper consent.

NY RESIDENTS ONLY

Please check one of the following boxes (If none checked, we will assume the transaction related to this request was not based on a recommendation).

☐ The transaction related to this request was not based on a recommendation by my insurance producer.

☐ The transaction related to this request was based on a recommendation by my insurance producer. I have been informed of the relevant features of this transaction and the potential consequences of this request, both favorable and unfavorable.

For your protection, California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Account Owner's Signature	Date (mm/dd/yyyy)
Joint Account Owner's Signature (if applicable)	Date (mm/dd/yyyy)

For your protection, the Company requires an original signature guarantee for any transaction $100,000.00 or greater, if there has been an address change in the last 30 days, or the proceeds are sent to a different address. Signature Guarantees such as the Medallion Signature Guarantee Stamp or the Signature Validation Program Stamp can be obtained at most banks. COPIES NOT ACCEPTED.

I CERTIFY that _____,

Name of person(s) who appeared

whose identity is known or was proven to me, personally appeared before me on the _____ day of _____ 20_____.

(OFFICIAL STAMP OR SEAL)	**ACCEPTABLE CERTIFICATIONS:** Medallion Signature Guarantee Stamp or Signature Validation Program Stamp

I CERTIFY THAT ALL SIGNATURES THAT REQUIRE A SIGNATURE GUARANTEE ON THIS FORM ARE GENUINE.

Registered Representative's Name (Print)	Registered Rep #	Office #
Registered Representative's Signature	Date (mm/dd/yyyy)	
Principal's Name (Print)	Principal #	
Principal's Signature	Date (mm/dd/yyyy)	