NASSAU

Nassau Life and Annuity Company (the Company)
Nassau Life Insurance Company (the Company)
PHL Variable Insurance Company (the Company)
Nassau Life and Annuity 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

# 1035 Exchange/Transfer Termination Request

## Section 1 - Policy/Contract Information

**Complete Section 1 in its entirety.**

| Owner Name(s) | Policy/Contract Number |
|---|---|
| Insured Name(s) or Annuitant Name(s) | Owner's Tax ID Number |
| Owner Address | Day Phone Number |

Check applicable Policy/Contract type

☐ Non-Qualified ☐ IRA ☐ Roth ☐ SEP ☐ 401(k) ☐ 403(b) ☐ KEOUGH ☐ Life Insurance ☐ Variable Universal Life Insurance

## Section 2 - Registration of New Policy/Contract/Account

**Complete Section 2 in its entirety.**

| Owner Name(s) | Policy/Contract Number |
|---|---|
| Insured Name(s) or Annuitant Name(s) | Owner's Tax ID Number |

Check applicable Policy/Contract type

☐ Non-Qualified ☐ IRA ☐ Roth ☐ SEP ☐ 401(k) ☐ 403(b) ☐ KEOUGH ☐ Life Insurance ☐ Variable Universal Life Insurance ☐ Mutual Fund

☐ **Complete Transfer: Surrender and transfer all assets.**

☐ **Partial Transfer: Withdraw and transfer $_____ or _____%**

☐ **Life Insurance or** ☐ **Non-Qualified/Non-IRA Annuity**

I, as the Policy/Contract Owner, hereby assign and transfer all rights, title and interest in the above Policy/Contract to the Accepting Company stated above. In doing so, I am irrevocably waiving all rights, claims and demands under the Policy/Contract. I represent that this assignment/transfer satisfies section 1035 of the Internal Revenue Code and that I am not receiving any property other than a life insurance or annuity contract (as applicable) in connection with this transaction. I understand that it is the intent of the Accepting Company to surrender the Policy/Contract.

☐ **IRA or Qualified Plan Annuity (including section 403(b) contract)**

I, as the Policy/Contract Owner/Trustee, hereby assign and transfer all rights, title and interest in the above Policy/Contract by means of a trustee-to-trustee transfer to the Accepting Company stated above. I represent that this assignment/transfer satisfies the applicable Internal Revenue Section relevant to the contract and that I am not receiving any property other than the annuity contract or IRA in connection with this transaction. If this Policy/Contract is being transferred to another qualified plan, I represent that the receiving plan is eligible to receive the funds. If this Policy/Contract is issued in connection with a section 403(b) plan, I represent that this transfer is in accord with applicable Treasury Regulations and I understand that additional documentation may be required.

## Section 3 - Acknowledgement of Accepting Company

**Must also include Accepting Company's Corporate Resolution.**

By signing below, the Accepting Company acknowledges that an application has been received from the Policy/Contract Owner to establish an account with that company through this transaction and requests a surrender of the Policy/Contract referenced above. The Accepting Company is requesting and will accept the proceeds of the Policy/Contract described above. In the case of the transfer of a non-qualified annuity or life insurance contract, the Accepting Company represents that no property, other than a life insurance or annuity contract (as applicable) is being provided to the owner in connection with this transaction. In the case of the transfer of an IRA or other Qualified Plan interest, the Accepting Company represents that no property, other than an IRA or Qualified Plan interest, is being provided to the owner in connection with this transaction.

☐ **By checking here, the Accepting Company agrees to assume any outstanding debt on the current Policy/Contract.**

| Accepting Company Name | | Phone Number |
|---|---|---|
| Mailing Address | City and State | ZIP Code |
| Print Name of Authorized Signor | Title | Date |
| Authorized Signature | | |

Business Use Only: _____

Policy/Contract Number : _____

**Form Void If Altered**

## Section 4 - Owner Signature and Acknowledgement

**Review acknowledgement and have all applicable signatures.**

I, as the Policy/Contract Owner, understand that the proposed transfer may have important tax consequences and I represent and agree that the Company is furnishing this form and is participating in this transaction at my request. I agree that the Company makes no representations concerning any taxation relevant to this transaction. If this is a life insurance contract currently subject to a policy loan, I understand that the amount of the existing loan will be subject to income tax. In this event, I have executed (or will execute contemporaneously with this form) the applicable IRS form relevant to tax withholding. The Company is directed by the undersigned to make payment of the full or partial surrender value of the Policy/Contract to the Accepting Company as designated above. The undersigned(s) hereby binds himself, herself or itself, and his, hers or its, heirs, executors, administrators, successors and assigns to fully indemnify the Company and save it harmless from any and all claims or demands which may arise as a result of the processing and payment of the surrender request. The undersigned acknowledges having read and understood the Policy/Contract's provisions concerning deferred sales charges. The owner of said Policy/Contract acknowledges that the Company assumes no responsibility for the legal or tax consequences of said surrender and transfer. The surrender value of the portion of this contract hereby surrendered shall be computed as of the date the policy/contract requirements for the surrender are satisfied.

It is expressly represented and warranted that no other person or firm or corporation has any interest in said policy/contract except the undersigned that no proceedings in insolvency or bankruptcy have been instituted or are pending against the undersigned, and, if a business entity, the action requested by the undersigned has been duly authorized pursuant to applicable state law and the undersigned's governing documents.

Unless attached, the Undersigned certifies that the Company policy/contract has been lost or destroyed. Furthermore, under penalty of perjury, the Undersigned certifies that: 1) The number shown on this form is my correct taxpayer identification number; and 2) I am not subject to backup withholding because; a) I am exempt from backup withholding, or b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding, or c) the IRS has notified me that I am no longer subject to backup withholding; and 3) I am a U.S. citizen or other U.S. person (including a U.S. Resident Alien), as defined in the instructions to the IRS Form W-9; and 4) FATCA reporting does not apply to me.

I understand that if community property or marital property law applies to my policy (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 policy. By submitting this form without spousal signature, I affirm that community property or marital property law does not apply to my policy 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.

**Individually Owned:**

Print full name of policy/contract owner: _____ SSN: _____

Individual Owner's signature: _____ Date: _____

Print full name of Joint Owner: _____ SSN: _____

Joint Owner's signature: _____ Date: _____

**Trust Owned**: (verification of trust required if not on file)

Print full name of trust including date of trust: _____ TIN: _____

Print full name of trustee(s): _____

Trustee signature(s): _____ Date: _____

**Entity Owned:** (corporate resolution required if not on file)

Print full name of Company: _____ TIN: _____

Print full name and title of authorized signee: _____

Authorized signature: _____ Date: _____

**Collateral Assignee:**

Print full name of Collateral Assignee: _____

Print full name and title of authorized signee: _____

Collateral Assignee signature: _____ Date: _____

**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.

Business Use Only: _____

Policy/Contract Number : _____

**Form Void If Altered**