NASSAU

Nassau Life Insurance Company (the Company)

Check-O-Matic Service for Premium Payment
Quick Reference

Please visit **www.nfg.com** to obtain service forms, register to view account information, print a current statement or learn more about the Company products and services. It's convenient and easily accessible anytime, day or night.

If applicable, Check-O-Matic Service for Premium Payment has been suspended on current account. Failure to keep your contract/policy paid current will result in lapse or automatic premium loan according to the provisions of your contract.

Section A

- Policy/Contract Number.
- Insured/Annuitant's Name.
- Owner's Name (if other than Insured/Annuitant).
- Include a voided check.

Section B

Indicate how you would like your deductions applied. Include the policy/contact numbers, dollar amounts, insured/annuitant name(s), draft start date, and the monthly draft date from the 1st through the 28th.

If you need more space than is provided by our form, please make sure that additional pages include policy number, date, and owner's signature.

Section C

Consent for insurance companies and bank verification services to provide us with your information for risk evaluation, validation of bank account ownership or as required by law.

Section D

Signature requirements are based on the owner designation of the policy/contract. Examples are:

- **Individual**: Print and sign your full name as it appears on the policy/contract.
- **Multiple Owners**: All owners must sign.
- **Partnership**: All partners must sign (unless a form authorizing one partner to sign is on file with us).
- **Corporation**: Titled officer must sign. The officer's title must also be indicated.

  NOTE: In general, the insured/annuitant should not sign as officer. We ask that an additional titled officer sign if the signing officer is effecting a change for his or her personal benefit.
- **Trust**: The current trustee(s) must sign.

Form must be completed in its entirety, signed and dated in order to process your request.

Contact Information

Regular Mail:
PO Box 22012
Albany, NY 12201-2012

Overnight Mail:
15 Tech Valley Drive, Suite 201
East Greenbush, NY 12061-4142

Phone:
(800) 832-7783

FAX:
(321) 400-6318 (Traditional Life)
(321) 400-6316 (Variable Life)
(321) 400-6317 (Variable Annuity)

Check-O-Matic Service for Premium Payment

A. Policy/Contract Information

Policy/Contract Number	Insured's/Annuitant's Name	Owner's Name (If other than Insured/Annuitant)

Authorization Agreement for Preauthorized Payments

I (we) hereby authorize the Company (Note: As used in this form, the word Company means the company that issued the contract.) to initiate debit entries to my (our) checking account and the depository named below.

Information for New Account

A voided check is required to establish this service. We may accept a starter check accompanied by a bank letter or a bank letter in lieu of a check. The letter must be on bank stationery, confirming account/owner information including name, account and routing number. The letter must also include the signature and title of a bank officer.

ATTACH REQUIRED VOIDED CHECK OR BANK LETTER HERE.

B. New Accounts/Bank Changes

Policy Number	Amount	Insured/Annuitant Name	Draft Start Date	Monthly Draft Date (1st through 28th)

C. Consent

By signing, I authorize insurance companies and bank account verification services to provide information to the Company, its affiliates, service providers or its reinsurers. Any information will be used only for the purpose of risk evaluation, validation of bank account ownership or as required by law.

I authorize the preparation of bank account authentication report. I understand that upon request, I am entitled to receive a copy of the bank account authentication report.

This authorization shall continue to be valid for 30 months from the date it is signed unless otherwise required by law.

I understand my authorized representative or I may receive a copy of this authorization on request.

Opt Out ☐

I do not consent.

I understand that if I do not give my consent and all of the required bank Information has not been submitted as requested, we will not be able to honor your request to debit monthly premiums from your bank account.

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.

D. Signature and Date

Signed at _____ Date _____
City and State

Signature of Depositor _____ Depositor's Full Name _____
Please Print

Signature of Owner _____ Owner's Full Name _____
Owner Must Always Sign if Other Than Depositor Please Print

Conditions Applicable to Nassau Check-O-Matic Service

Premium Payment Service

1. The Company will not be required to give notices of premiums falling due.
2. The Automatic Premium Loan Provision shall be operative **where applicable**.
3. Upon termination of the Check-O-Matic Service Plan, with respect to a contract, the premium payment frequency will automatically be changed to the most frequent modal premium available for your contract. Please consult your agent for additional information.
4. Please be advised that any account from which the premium is drafted, should maintain a sufficient balance to cover the premium due. If an account is insufficient to cover the premium due, the account holder may lose the privilege of this service.
5. If your contract provides for an increasing premium, by signing this document you are authorizing the Company to increase the amount debited according to the provisions in your contract.

General

1. No payment or deposit shall be deemed to have been made until the Company receives payment for the charge made.
2. Any service may be revoked by the company immediately without notice if any charge is not paid upon presentation, or if the scheduled monthly bank draft amount is less that the total amount required to prevent lapse.
3. A depositor may also request to discontinue the Check-O-Matic service at any time. Based on the scheduled draft date and the notification date to stop the bank draft, drafting may or may not be stopped for the current month.