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

Request for Policy Change

Policy Number	Date of Issue
Name of Insured	Effective Date of Change (Upon receipt of this form at Home Office)

Request is hereby made to change the above numbered policy as follows:

FROM		**TO**	
1. Amount of Insurance (Basic Policy) $	2. Plan of Insurance (Basic Policy)	1. Amount of Insurance (Basic Policy) $	2. Plan of Insurance (Basic Policy)

3. Additional Benefits	3. Additional Benefits
☐ Accidental Death ☐ Waiver of Premium	☐ Accidental Death ☐ Waiver of Premium
☐ $ _____ per month Family Income for _____ years	☐ $ _____ per month Family Income for _____ years
☐ $ _____ Family Protection	☐ $ _____ Family Protection
☐ $ _____ Guaranteed Insurability Option	☐ $ _____ Guaranteed Insurability Option
☐ $ _____ Decreasing Term for _____ years	☐ $ _____ Decreasing Term for _____ years
☐ _____ Units of Family Insurance	☐ _____ Units of Family Insurance

Remarks or Special Requests

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.

It is agreed that the requested change shall not be effective until this request is approved at the Home Office of the Company, the policy is amended and any additional premium due is paid to, and accepted by, the Company. It is further agreed that the original application, as amended by this request, will be considered as the application for the changed policy and that the Date of Issue referred to in the provisions of the changed policy relating to Incontestability and Suicide shall be the Date of Issue of the original policy.

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

Dated at _____ this _____day of _____ 20_____

Signature of Insured
Signature of Owner (If other than Insured)
Signature of Witness