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

Retirement Account Rollover/Transfer Form

To ROLLOVER or TRANSFER your Retirement Account from an existing Custodian/Trustee to a Nassau Life Insurance Company IRA Annuity.

A. Account Owner Information

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

B. Transaction and Account Information

This transaction is for a: ☐ Rollover ☐ Transfer

Existing Account Information:

Account Number(s): _____

Type of Account:

☐ Traditional IRA ☐ Roth IRA ☐ Rollover IRA ☐ SEP IRA ☐ SARSEP IRA

☐ Qualified Plan ☐ 401K ☐ Other Retirement Plan: _____

☐ 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.

Name of Existing Custodian/Trustee		Phone
Address		
City	State	Zip Code

C. Rollover/Transfer Instructions

Please liquidate the following: 100% of all funds in the above referenced account(s)

OR

Liquidate from Account _____ $ _____ or % _____

Liquidate from Account _____ $ _____ or % _____

Liquidate from Account _____ $ _____ or % _____

Under no circumstances are these direct rollover/transfer proceeds to be sent directly to the client.

Make check payable to: Nassau Life Insurance Company

FBO _____

D. Investment Instructions

☐ I am establishing a new Nassau IRA Annuity: ☐ Traditional ☐ Roth

☐ Deposit proceeds into my existing Nassau IRA Annuity #: _____

E. Authorization and Signature(s)

Account Owner's Authorization:
I hereby agree to the terms and conditions set forth in this Authorization and acknowledge having established a Nassau Individual Retirement Annuity. The Company shall be indemnified by me for any liability imposed on them by reason of following these instructions. I (we) have received and read the prospectus(es), if applicable, and hereby authorize this rollover/transfer.

For All Rollover Accounts:
I acknowledge that I have taken all the Rollover decisions and factors into consideration before rolling over the qualified plan indicated in this form to a Nassau IRA. I understand the "Rollover Options Brochure" is available on nfg.com and a copy can be provided to me at my request.

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

E. Transfer Acceptance

The Company hereby agrees to accept the direct rollover/transfer described above and will apply the proceeds to the Nassau IRA Annuity established on behalf of the Account Owner(s) named in the above section.

Authorized Signature for Nassau Life Insurance Company	Date (mm/dd/yyyy)