

**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**Subaccount
Reallocation Form for
Life and Annuities****A. Account Information**

Contract/Policy Number		Name of Owner	
Name of Annuitant/Insured		Phone	
Owner's Current Address			
City		State	Zip Code

B. Investment Option Allocation

Check one product: ☐ Insured Series Policy (12 Pay only) ☐ Tax Tamer I ☐ Tax Tamer II

Check the option that applies to your request: (If no option is selected, it will default to option 3)

- ☐ 1. Please change the future allocation to the percentages shown below **(Affects future deposits for Tax Tamer I and Tax Tamer II)**
- ☐ 2. Please reallocate my Accumulation Value to the percentages shown below **(Affects current value)**
- ☐ 3. Please change the future allocation and reallocate my current Accumulation Value to the percentages shown below **(Affects future deposits/premiums and current values)**

Select funds: (Up to 5 subaccounts may be selected; each percent must be a whole number not less than 10%; total must equal 100%)

Subaccount Series**Allocation %**

Nomura VIP Fund for Income Series (Standard)	_____
Nomura VIP Growth and Income Series (Standard)	_____
Nomura VIP Growth Equity Series (Standard)	_____
Nomura VIP International Core Equity Series (Standard)	_____
Nomura VIP Investment Grade Series (Standard)	_____
Nomura VIP Limited Duration Bond Series (Standard)	_____
Nomura VIP Opportunity Series (Standard)	_____
Nomura VIP Small Cap Value Series (Standard)	_____
Nomura VIP Total Return Series (Standard)	_____
GS VIT Gov Money Market	_____

C. Signature(s)**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.

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