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: ☐ ISP Choice (10, 15, 20, 65, WL) ☐ Single Premium Variable Life ☐ Variable Universal Life ☐ First Choice Annuity ☐ First Choice Bonus Annuity

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

☐ 1. Please change the allocation to the percentages shown in column (2) ***(Affects future deposits/premiums)***

☐ 2. Please reallocate my Accumulation Value to the percentages shown in column (2) ***(Affects current value)***

☐ 3. Please change the allocation and reallocate my current Accumulation Value to the percentages shown in column (2) ***(Affects future deposits/premiums and current values)***

☐ 4. Please make a dollar amount transfer shown in column (3) from the Subaccounts shown in column (1) to the Subaccounts shown in column (4) (Minimum transfer amount to any one account is $100 in whole dollar only) ***(Affects current value)***

(1) Subaccount Series	(2) Allocation %	(3) Transfer Amount Out	(4) Transfer Amount In
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			
Fixed Account *			

C. Portfolio Rebalancing

☐ I wish to elect the Automated Subaccount Reallocation Option (Will apply to most recent reallocation on file, excluding fixed account).

D. Signature(s)

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

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.

** Fixed Account*

1. *Single Premium Variable Life*
   a. *Maximum amount 25% or 50% for policies issued before 10/1/08.*
   b. *Transfer to the Fixed Account must not cause the ratio of the Fixed Account to the Accumulation Value to exceed 25% or 50% for policies issued before 10/1/08.*
   c. *Transfer from the Fixed Account are limited to the greater of $1,000 or 25% of the current value of the Fixed Account.*
   d. *Limit one transfer to or from per any 12 month period.*
2. *ISP Choice, Variable Universal Life, First Choice Annuity, and First Choice Bonus Annuity*
   a. *Maximum amount 50%.*
   b. *Transfer to the Fixed Account must not cause the ratio of the Fixed Account to the Accumulation Value to exceed 50%.*
   c. *Transfer from the Fixed Account are limited to the greater of $1,000 or 25% of the current value of the Fixed Account.*
   d. *Limit one transfer to or from per any 12 month period.*