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 Systematic Transfer Option Form

A. Account Information

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

B. Systematic Transfer Option

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 automated transfer request:

☐ 1. I wish to elect the Systematic Transfer Option shown in column (3) and column (4).

☐ 2. I would like Systematic Transfer to occur at the following intervals: ☐ Monthly ☐ Quarterly

☐ 3. Please discontinue the Systematic Transfer Option

Select funds:

(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			

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