



NASSAU

Nassau Life Insurance Company
P.O. Box 22012
Albany, NY 12201-2012

Request for Change
of Beneficiary
Instructions

The change of Beneficiary will take effect on the date the enclosed form is received at the Administrative office in good order. A form is considered in good order if the following fields are completed:

- **Top of the form:** Policy/Contract number, Name of the Insured/Annuitant, Name of Owner, Current Owner's Address and Telephone number.
- **Primary Beneficiary:** Name, Percentage, Address, Relationship, Social Security #, Date of Birth, and Telephone number.
- **Contingent Beneficiary:** Name, Percentage, Address, Relationship, Social Security #, Date of Birth, and Telephone number (if applicable).
- **Signature of Owner:** Note, if joint owners, both owners must sign the form.
- **Current date:** The form must be received at our Administrative office within 60 days of the date the form was signed. If the form is received 60 days after it was signed, the request will be rejected and completion of a new form will be required.

Note: If the form is not in good order, the request will be rejected.

If the Request for Change of Beneficiary form does not provide enough space, an Additional Sheet for Change of Beneficiary Request form should be submitted for the remaining beneficiaries. Both forms must be signed and currently dated.



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Policy/Contract Number:
Owner's Current address:
Name of Insured/Annuitant:
Street:
Name of Owner:
City, State:
Telephone #:
Zip Code:

The undersigned hereby requests that (1)all designations of Beneficiary made heretofore be revoked and (2)the Beneficiary on the above Nassau Life Insurance Company policy/contract be changed to:

PRIMARY BENEFICIARY(IES):

Name Percentage Name Percentage
Street Address Street Address
City, State, Zip Code Phone # City, State, Zip Code Phone #
Relationship Social Security # Birth Date Relationship Social Security # Birth Date
Name Percentage Name Percentage
Street Address Street Address
City, State, Zip Code Phone # City, State, Zip Code Phone #
Relationship Social Security # Birth Date Relationship Social Security # Birth Date

CONTINGENT BENEFICIARY(IES):

Name Percentage Name Percentage
Street Address Street Address
City, State, Zip Code Phone # City, State, Zip Code Phone #
Relationship Social Security # Birth Date Relationship Social Security # Birth Date

with the right to change this designation without the consent of said Beneficiary. I understand that if this form includes any unnamed Beneficiary(ies), it is my responsibility to inform Nassau of the name, address, date of birth, social security number and relationship for the unnamed Beneficiary(ies). If I do not so inform Nassau, any decision Nassau makes in determining unnamed Beneficiary(ies) based upon written evidence acceptable to Nassau will be final. I agree that any payment made by Nassau in good faith pursuant to this Change of Beneficiary designation shall fully discharge Nassau of its liability under the Policy.

Signed at City/Sate, this Day, day of Month, Year

Signature of Owner:

Signature of Joint Owner: