



NASSAU

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

Life Insurance Surrender
Request Form

Policy Number: _____

Name of Owner: _____

Name of Insured: _____ (Phone#): _____

Owner's Current Address: _____

The undersigned hereby applies to Nassau Life Insurance Company for the net cash surrender value of the above contract. It is hereby warranted that no insolvency or bankruptcy proceedings are pending against the undersigned. Any request for an automatic premium loan is hereby revoked.

A. Please check the type of transaction being processed:

- Surrender (the check will be made payable to the policy owner).
- 1035 Exchange (Internal Use Only).

B. Select one of the options below:

- Policy Enclosed.
- Policy not enclosed. **Complete section C.**

C. Lost Policy Declaration: In consideration of the payment of the above policy's net cash surrender value, the undersigned agrees that the entire liability of Nassau Life Insurance Company under this policy shall be discharged and terminated upon receipt of this form at the Home Office of the Company, during the lifetime of the Insured, together with the policy and any other papers which the Company considers necessary to effect surrender of the contract

To the best of the knowledge and belief of the undersigned, these statements are true: (a) The contract has been lost or destroyed. (B) No one has the contract. (c) It is not now assigned, or otherwise transferred to anyone. (d) It is not in any way pledged as a security for money advanced or value received.



Signature of Owner #1



Signature of Owner #2 (if any)



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D. Check one of the options for delivery: (N/A for 1035 exchanges)

- To the address of record.
- To the following address: _____
(Requires Medallion Signature Guarantee)
- To Nassau Acct #: _____

Please note: The check will be made payable to the policy owner, even if it is sent to a different address than the one of record.

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 _____, whose identity is known or was proven to me, personally
Name of person(s) who appeared
appeared before me on the _____ day of _____ 20____.

(OFFICIAL STAMP OR SEAL)

ACCEPTABLE CERTIFICATIONS:
Medallion Signature Guarantee Stamp or
Signature Validation Program Stamp

E. Election of Federal/State Tax Withholding:

- I am aware that the Federal/State Income Tax Withholding Election form (OL4753) is required to process this request and has been completed and returned with this form.

F. Signature (s):

Under penalty of perjury, I certify (1) The number(s) listed below is the correct Social Security Number (SS#)/Taxpayer Identification Number (TIN) and (2) I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding, or (c) the IRS has notified me that I am no longer subject to backup withholding. You must strike out (2) above if you are subject to backup withholding.



Signature of Owner #1

SS#

Date



Signature of Owner #2 (if any)

SS#

Date



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Please refer to the chart for signature requirements:

Policy Owner:	Form must be signed by:	Additional requirements:
Trust	Trustee	Evidence that the Trust is in effect and of qualification of Trustee. (Certificate of Authority)
Minor	Guardian	Letters of guardianship
Assignee	Assignee	Corporate resolution
Corporation	Corporate officer	Corporate resolution



The form must be fully completed and mailed to the home office in order to process the request.