



NASSAU

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

Policy Loan  
Request Form

Policy Number: \_\_\_\_\_  
 Name of Owner: \_\_\_\_\_  
 Name of Insured: \_\_\_\_\_ (Phone#): \_\_\_\_\_  
 Owner's Current Address: \_\_\_\_\_

**A. Please check one of the options below:**

- Request a policy loan for: \$ \_\_\_\_\_
- Maximum loan **(applicable for non-participating policies)**.
- Maximum loan including dividends **(applicable for participating policies)**.
- Maximum loan excluding dividends **(applicable for participating policies)**.

**B. Check one of the options for delivery:**

- To the address of record.
- To the following address: \_\_\_\_\_  
(Requires Medallion Signature Guarantee)

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)	<b>ACCEPTABLE CERTIFICATIONS:</b> Medallion Signature Guarantee Stamp or Signature Validation Program Stamp
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**C. Acknowledgement:**

The undersigned understands this loan will be subject to all applicable policy provisions and applicable interest rate(s). The policy is hereby assigned to the Company as security for payment of the loan indebtedness and in consideration of the Company waiving the deposit of the policy with it, the undersigned agrees that the rights of the Company shall in no manner be prejudiced by such waiver.

It is also understood that policy loans reduce the cash value and death benefits of a policy. Furthermore, if a policy is surrendered or terminates for any reason prior to the owner's death, policy loans are taxable to the extent that they exceed the cost basis. As a general rule the policy owner is responsible for paying income taxes on the difference between the surrender value and total premiums paid. Any outstanding policy loans will be added to the cash surrender value for the purpose of calculating income tax liability. If the total amount of outstanding loans exceeds the cash balance, the policy will terminate. For variable policies, poor performance of the underlying subaccounts, as a result of adverse market conditions, might cause this to occur. Consult with your representative or tax advisor before taking a policy loan.

**D. Signature (s):**

Under penalty of perjury, I certify (1) The number(s) listed below is the correct Social Security Number (SSN)/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

**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.**