



Product Change Acknowledgement Form

Nassau Life and Annuity Company

Regular Mail: PO Box 22012, Albany, NY 12201-2012

Express Mail: 15 Tech Valley Drive, Suite 201, East Greenbush, NY 12061-4142

Questions? 800.417.4769, option 2, option 1

Email: annuity.newbusiness@nfg.com

Fax: 321.400.6317

Thank you for selecting **Nassau Growth Annuity (NGA)**. Since your client has signed their application, there have been some changes made to the product they applied for. A description of each change is below:

The **Annual Benefit Amount (ABA) Percentages** associated with the rider chosen on the application have changed. This may result in **lower** guaranteed income for your client.

The **Indexed Annuity Rider Disclosure** and NGA ABA Supplement include information about the updated Annual Benefit Amount Percentages and how to calculate the Annual Benefit Amount. Please read the Disclosure and ABA Supplement carefully and review it with your client so that they understand the changes.

The following actions are required:

1. Review the **Indexed Annuity Rider Disclosure** and the current **Nassau Growth Annuity Annual Benefit Amount Supplement** for the Guaranteed Lifetime Withdrawal Benefit which includes:
 - An appendix of updated Annual Benefit Amount Percentages
 - Information relating to the income benefit associated with the rider and includes an example showing how to calculate the Annual Benefit Amount using the Annual Benefit Amount Percentage.
2. Review the new product illustration showing the impact of these changes on your client's personal situation with my client.
3. Return the signed Acknowledgement Form to Nassau

**PRODUCER SIGNATURE IS REQUIRED AS CONFIRMATION
THAT THE NEW INFORMATION WAS PROVIDED TO THE CLIENT.**

Producer Authorization:

By signing below, I represent that I have:

- Reviewed the content of this Product Change Acknowledgement Form with my client
- Reviewed the updated Indexed Annuity Rider Disclosure and NGA ABA Supplement and discussed the changes to the Annual Benefit Amount with my client
- Reviewed the updated Illustration outlining the new Annual Benefit Amounts with my client and have determined that the annuity contract and rider features continue to meet my client's retirement objectives and financial/insurance needs

Print Producer Name

Signature

Date



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**CLIENT SIGNATURE IS REQUIRED AS CONFIRMATION
THAT THEY WOULD LIKE TO PROCEED WITH CURRENT INDEXED ANNUITY RIDER SELECTION**

Client Authorization:

By signing below, I represent that I have:

- Reviewed the updated Indexed Annuity Rider Disclosure Document and Nassau Growth Annuity Annual Benefit Amount Supplement which includes the specific Annual Benefit Amount Percentages associated with the riders available with the Nassau Growth Annuity contract.
- Reviewed the updated Fixed Indexed Annuity Illustration outlining the new Annual Benefit Amounts and have determined that the annuity contract and rider features continue to meet my retirement objectives and financial/insurance needs.

Print Client Name

Signature

Date