



NASSAU

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

**Annuity Partial
Surrender
Request Form**

Contract Number: _____
Name of Owner: _____
Name of Annuitant: _____ (Phone#): _____
Owner's Current Address: _____

A. Please check one of the options below:

- Request a gross partial surrender in the amount of: \$ _____ (Amount before withholding taxes)
- Request a net partial surrender in the amount of: \$ _____ (Amount after withholding taxes)
- Maximum amount allowed without incurring surrender charges.
- Minimum Required Distribution (applicable for IRA contracts).
- Partial 1035 exchange in the amount of: \$ _____ (Internal Use Only)
- Partial IRA Rollover or IRA Transfer in the amount of: \$ _____ (Internal Use Only)

B. Check one of the options for delivery: (N/A for 1035 exchanges or IRA transfers)

- 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 contract 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

C. 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.



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D. 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. (3) The requested withdrawal may be subject to an additional Contingent Deferred Sales Charge (CDSC) if it exceeds the 10% withdrawal privilege. (Please refer to your contract or prospectus for details)



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.**



Nassau Life and Annuity Company (the Company)
 Nassau Life Insurance Company (the Company)
 PHL Variable Insurance Company (the Company)
 Nassau Life and Annuity Insurance Company (the Company)

**Federal/State Income Tax
 Withholding Election**

Regular Mail: PO Box 22012, Albany, NY 12201-2012
Overnight Mail: 15 Tech Valley Drive, Suite 201, East Greenbush, NY 12061-4142

Your election will remain in effect until you submit a new Form OL4753 making a new election. You may submit a new Form OL4753 at any time. If you elect not to have withholding apply to your distributions, or if you do not have enough federal income tax withheld from your distributions, you may be responsible for payment of estimated tax.

A. Policy/Contract Information

Policy/Contract Number(s)	Insured(s)/Annuitant(s) Names
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B. Federal Income Tax

Complete the following applicable lines.

I **elect to withhold** at a flat rate of 10% or _____%.

I **elect to withhold** at a flat amount of \$ _____.

I elect **NOT** to have **Federal** income tax withheld.

C. State Income Tax

Complete the following applicable lines.

I **elect to withhold** at a flat rate of _____%.

I **elect to withhold** at a flat amount of \$ _____.

I elect **NOT** to have **State** income tax withheld.

If you reside in one of the following states you must make a state tax withholding election, otherwise we will withhold for state taxes at the rate of 10%:

Arkansas California Connecticut District of Columbia Delaware Georgia Iowa Kansas Massachusetts
 Maine Michigan North Carolina Nebraska Oklahoma Oregon Virginia Vermont

If you reside in one of the following states, we are required to notify you of your right to withhold for state taxes; however, you are not required to make a state tax withholding election. If you do not make an election, we will not withhold for state taxes.

Arizona Indiana Maryland Missouri Montana New Jersey New Mexico
 New York Utah Wisconsin West Virginia

If you reside in a state that is not listed above, you are not required to make a state tax withholding election and you do not need to complete Part C.

D. Taxpayer/Owner Signature

If the Taxpayer is an INDIVIDUAL, complete the following.

Owner Name (Print First, Middle, Last)	Date of Birth (mm/dd/yyyy)	Social Security No./Tax ID	
Street Address (include Apt. or Suite#)	City	State	ZIP Code
Owner Signature	Date (mm/dd/yyyy)		

If the Taxpayer is a NON-INDIVIDUAL, complete the following.

Full Name of Trust, Entity, Corporation or Other	Social Security No./Tax ID		
Signing in the capacity as: <input type="checkbox"/> Trustee <input type="checkbox"/> Partner <input type="checkbox"/> Officer _____ <input type="checkbox"/> Other _____ (List corporate title)			
Name (Print First, Middle, Last)	Signature	Date (mm/dd/yyyy)	
Street Address (include Apt. or Suite#)	City	State	ZIP Code
Name (Print First, Middle, Last)	Signature	Date (mm/dd/yyyy)	
Street Address (include Apt. or Suite#)	City	State	ZIP Code