NASSAU

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

Automated Subaccount Reallocation/Systematic Transfer Form

Contract/Policy Number: _____

Name Owner: _____

Name of Annuitant/Insured: _____ (Phone#): _____

Owner's Current Address: _____

A. Please check one of the products below:

- ☐ ISP Choice
- ☐ Single Premium Variable Life
- ☐ Variable Universal Life
- ☐ First Choice Annuity
- ☐ First Choice Bonus Annuity

B. Select the option that applies to your automated transfer request:

- ☐ I wish to elect the Automated Subaccount Reallocation Option **(If desired allocation is different from allocation on file make the selections in column(2) of section C.)**
- ☐ Please discontinue the Automated Subaccount Reallocation Option
- ☐ I wish to elect the Systematic Transfer Option shown in column(3) and column(4) of section C.
  I would like the Systematic Transfer to occur at the following intervals:
  - ☐ Monthly ☐ Quarterly
- ☐ Please discontinue the Systematic Transfer Option

C. Select Funds:

(1) Subaccount Series	(2) Allocation %	(3) Transfer Amount Out	(4) Transfer Amount In
Delaware VIP Fund for Income			
Delaware VIP Growth Equity			
Delaware VIP Equity Income			
Delaware VIP Growth and Income			
Delaware VIP Opportunity			
Delaware VIP Limited Duration Bond			
Delaware VIP Special Situations			
Delaware VIP International			
Delaware VIP Investment Grade			
Delaware VIP Total Return			
GS Gov Money Market			

D. Signatures

_____ _____
Signature of Owner #1 Date

_____ _____
Signature of Owner #2 Date