



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

**Immediate Annuity  
Electronic Payment  
Election Form**

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

**A. Select the option that applies to your request:**

- New request  Change to the existing annuity payout method

**B. Please complete this section to send annuity payments via EFT.** I/We hereby authorize Nassau Life Insurance Company to electronically transfer funds via ACH to the bank account listed below. I/We understand that my/our instructions will become effective upon the bank's acceptance and verification of the electronic transmission. **Note: Ten business days are required to establish EFT privileges.**

**Bank Information:**

Account Type:  Checking  Savings

Bank Account Owner(s) \_\_\_\_\_

Bank Name \_\_\_\_\_

Bank Phone # \_\_\_\_\_

Bank Account # \_\_\_\_\_

Bank Routing #(Confirm this information with a bank representative) \_\_\_\_\_

Bank Street Address \_\_\_\_\_

Bank City, State, Zip Code \_\_\_\_\_



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# Immediate Annuity Electronic Payment Election Form

### C. Authorization & Signature(s):

I understand and agree that the annuity payment I/we receive may have tax consequences. I also understand that there are penalties for not paying enough tax during the year, through insufficient withholding or estimated tax payments.

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

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



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)

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

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

**Federal/State Income Tax  
 Withholding Election**

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