



# NASSAU

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

## **NON-RETIREMENT ACCOUNT TRANSFER FORM**

### **1. ACCOUNT OWNER**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Daytime Tel. No. \_\_\_\_\_

### **2. CURRENT ACCOUNT(S) (Indicate the Source of the Funds to be Transferred below)**

#### **CURRENT ACCOUNT(S) TO BE TRANSFERRED:**

- Savings
- Certificate of Deposit:
- Checking
- Transfer CD immediately (A penalty may be assessed for early withdrawals)
- Mutual Fund
- Transfer CD upon maturity
- Other \_\_\_\_\_

NOTE: If you are transferring a CD when it matures, please send us this form two weeks prior to maturity.

Company or Fund Name \_\_\_\_\_ Account Number(s) \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Tel No. \_\_\_\_\_

### **3. AUTHORIZATION TO REDEEM ACCOUNTS**

#### **Please Redeem the account(s) referenced in Section #2:**

- Redeem the entire account
- Redeem \$ \_\_\_\_\_ from the Account
- Redeem \_\_\_\_\_ %

Make Check Payable to: **Nassau Life Insurance Company**  
**FBO** \_\_\_\_\_

Mail to:  
**Nassau Life Insurance Company**  
**PO BOX 22012**  
**Albany, NY 12201-2012**

Overnight:  
**Nassau Life Insurance Company**  
**15 Tech Valley Drive, Suite 201**  
**East Greenbush NY 12061-4142**

**4. INVESTMENT INSTRUCTIONS**

I am establishing a new Nassau Annuity.

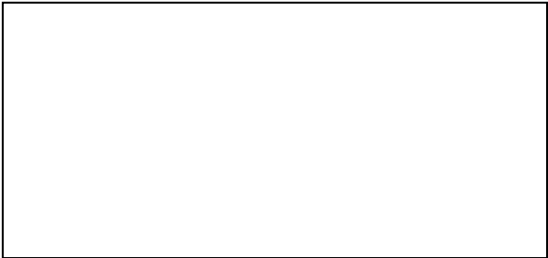
Deposit proceeds into my existing Nassau Annuity.

Contract # \_\_\_\_\_

**5. SIGNATURES**

I (we) have received and read the prospectus(es), if applicable, and hereby authorize this transfer.

**AFFIX MEDALLION SIGNATURE GUARANTEE HERE,**  
if necessary



\_\_\_\_\_  
Account Owner's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Joint Account Owner's Signature (if applicable)

\_\_\_\_\_  
Date

**I CERTIFY THAT ALL SIGNATURES THAT REQUIRE A SIGNATURE GUARANTEE ON THIS FORM ARE GENUINE.**

\_\_\_\_\_  
Reg. Rep#    Office #    Registered Representative's name (print)    Registered Representative's Signature    Date

\_\_\_\_\_  
Principal #    Principal's Name (print)    Principal's Signature    Date