



NASSAU

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

Request for Change
of Beneficiary
Instructions

The change of Beneficiary will take effect on the date the enclosed form is received at the Administrative office in good order. A form is considered in good order if the following fields are completed:

- **Top of the form:** Policy/Contract number, Name of the Insured/Annuitant, Name of Owner, Current Owner's Address and Telephone number.
- **Primary Beneficiary:** Name, Percentage, Address, Relationship, Social Security #, Date of Birth, and Telephone number.
- **Contingent Beneficiary:** Name, Percentage, Address, Relationship, Social Security #, Date of Birth, and Telephone number (if applicable).
- **Signature of Owner:** Note, if joint owners, both owners must sign the form.
- **Current date:** The form must be received at our Administrative office within 60 days of the date the form was signed. If the form is received 60 days after it was signed, the request will be rejected and completion of a new form will be required.

Note: If the form is not in good order, the request will be rejected.

If the Request for Change of Beneficiary form does not provide enough space, an Additional Sheet for Change of Beneficiary Request form should be submitted for the remaining beneficiaries. Both forms must be signed and currently dated.



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Request for Change of Beneficiary

Policy/Contract Number: _____ Owner's Current address: _____
Name of Insured/Annuitant: _____ Street: _____
Name of Owner: _____ City, State: _____
Telephone #: _____ Zip Code: _____

The undersigned hereby requests that (1)all designations of Beneficiary made heretofore be revoked and (2)the Beneficiary on the above Nassau Life Insurance Company policy/contract be changed to:

PRIMARY BENEFICIARY(IES):

Name Percentage Name Percentage
Street Address Street Address
City, State, Zip Code Phone # City, State, Zip Code Phone #
Relationship Social Security # Birth Date Relationship Social Security # Birth Date
Name Percentage Name Percentage
Street Address Street Address
City, State, Zip Code Phone # City, State, Zip Code Phone #
Relationship Social Security # Birth Date Relationship Social Security # Birth Date

CONTINGENT BENEFICIARY(IES):

Name Percentage Name Percentage
Street Address Street Address
City, State, Zip Code Phone # City, State, Zip Code Phone #
Relationship Social Security # Birth Date Relationship Social Security # Birth Date

with the right to change this designation without the consent of said Beneficiary. I understand that if this form includes any unnamed Beneficiary(ies), it is my responsibility to inform Nassau of the name, address, date of birth, social security number and relationship for the unnamed Beneficiary(ies). If I do not so inform Nassau, any decision Nassau makes in determining unnamed Beneficiary(ies) based upon written evidence acceptable to Nassau will be final. I agree that any payment made by Nassau in good faith pursuant to this Change of Beneficiary designation shall fully discharge Nassau of its liability under the Policy.

Signed at _____, this _____, day of _____, _____

Signature of Owner: _____

Signature of Joint Owner: _____



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Additional Sheet for
Change of
Beneficiary Request

Policy/Contract Number: _____

Name of Insured/Annuitant: _____

Name of Owner: _____ (Phone#): _____

Owner's Current Address: _____

ADDITIONAL BENEFICIARY(IES):

DESIGNATION: Primary Contingent

Name _____ Percentage _____

Street Address _____

City,State,Zip _____ Phone # _____

Relationship _____ Social Security # _____ Birth Date _____

DESIGNATION: **Primary** **Contingent**

Name _____ Percentage _____

Street Address _____

City,State,Zip _____ Phone # _____

Relationship _____ Social Security # _____ Birth Date _____

DESIGNATION: **Primary** **Contingent**

Name _____ Percentage _____

Street Address _____

City,State,Zip _____ Phone # _____

Relationship _____ Social Security # _____ Birth Date _____

DESIGNATION: **Primary** **Contingent**

Name _____ Percentage _____

Street Address _____

City,State,Zip _____ Phone # _____

Relationship _____ Social Security # _____ Birth Date _____

DESIGNATION: **Primary** **Contingent**

Name _____ Percentage _____

Street Address _____

City,State,Zip _____ Phone # _____

Relationship _____ Social Security # _____ Birth Date _____

DESIGNATION: **Primary** **Contingent**

Name _____ Percentage _____

Street Address _____

City,State,Zip _____ Phone # _____

Relationship _____ Social Security # _____ Birth Date _____

Signed at _____, this _____, day of _____, _____ Year

City/State

Day

Month

Year

Signature of Owner: _____

Signature of Joint Owner: _____