



NASSAU

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

## Form Completion Instructions: Request for Change of Ownership (RCO-IS)

The **Change of Ownership** form (RCO-IS) will take effect on the date the form is received at the Administrative office in good order along with any additional requirements listed below. The **Change of Ownership** form is considered in good order if the fields are completed in the following sections:

- **Section 1) Current Owner Information:** Policy/Contract Number, Current Owner's Name, Current Joint Owner's Name (if any), Current Annuitant/Insured's Name, Current Owner's Address and Telephone Number(s).
- **Section 2) Authorization from Current Owner(s):** Signature of Current Owner, Signature of Current Joint Owner (if any).
- **Section 3) New Owner Information:**
  - 3A – New Owner:** New Owners Name, Social Security #, Date of Birth, Relationship to Insured/Annuitant, E-Mail, Politically Exposed Person (PEP) section (Name of PEP #1, Relationship to Owner, Office Held by PEP #1) (Name of PEP #2, Relationship to Owner, Office Held by PEP #2, if any).
  - 3B – New Joint Owner, if applicable:** New Joint Owners Name, Social Security #, Date of Birth, Relationship to Insured/Annuitant, E-Mail, Politically Exposed Person (PEP) section (Name of PEP #1, Relationship to Owner, Office Held by PEP #1) (Name of PEP #2, Relationship to Owner, Office Held by PEP #2, if any).
  - 3C – Entity, if applicable:** Exact Name of Entity, Taxpayer Identification #.
- **Section 4) Citizenship of New Owner(s):** check either U.S. Citizen or Resident Alien. If "Resident Alien" is selected, indicate Document Type and Numbers, Country of Citizenship and attach a copy of an unexpired green card with a photograph.
- **Section 5) Address and Telephone Numbers of New Owner(s):** indicate US Mailing address (note: residential street address is mandatory if mailing address contains a PO Box, "care of" or temporary address). Indicate phone number(s). Note: Mailing address listed under Section 5A will be used as the "Address of Record".
- **Section 6) Signature(s) of New Owner(s):** Print and sign New Owner's Name and New Joint Owner's Name, if applicable.

**Note:** The change of ownership does not affect the beneficiary designation on file. If the new owner wishes to change the beneficiary designation, a **Request for Change of Beneficiary** (RCB-IS) must be completed and submitted to the Administrative office.

**Note:** while you are able to change the ownership of a policy/contract, the designated insured/annuitant remains unchanged.

Please refer to the chart below for change of ownership requirements.

Type of Ownership Change:	Requirements:
To an Individual:	<ul style="list-style-type: none"> <li>• Request for Change of Ownership form (RCO-IS).</li> </ul>
To a Corporation:	<ul style="list-style-type: none"> <li>• Request for Change of Ownership form (RCO-IS).</li> <li>• Certificate of Authority form (SLTR103).</li> <li>• Corporate Resolution.</li> </ul>
To a Trust:	<ul style="list-style-type: none"> <li>• Request for Change of Ownership form (RCO-IS). Include the address of the trustee in Section 3A (and 3B, if applicable) and name of the trust in Section 3C.</li> <li>• Certificate of Authority form (SLTR103).</li> <li>• Attach a copy of the pages of trust document which show the name and date of the trust, appointment of all trustees and the signatures of the grantor(s) and all trustees.</li> </ul>
For a custodial policy, when insured reaches the age of majority:	<ul style="list-style-type: none"> <li>• Letter of instruction signed by the former minor.</li> <li>• IRS Form W-9 Form signed by the former minor for tax reporting purposes.</li> </ul>
Due to death of the owner (only applicable for Life Policies):	<ul style="list-style-type: none"> <li>• Request for Change of Ownership form (RCO-IS) signed by the executor/administrator of the owner's estate in Section 2.</li> <li>• Original or certified copy of Death Certificate.</li> <li>• Certified copy of Letters Testamentary or Letters of Administration for estate of owner.</li> </ul>
Due to death of the owner (only applicable for Annuity Contracts as a spousal exception):	<ul style="list-style-type: none"> <li>• Request for Change of Ownership form (RCO-IS)</li> <li>• Original or certified copy of Death Certificate.</li> </ul>
<b>Note: This option is available only in the situation where the spouse is the sole primary beneficiary of the deceased owner/annuitant.</b>	



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## Request for Change of Ownership

### 1. Current Owner Information *(Complete this section if you are the current account owner)*

\_\_\_\_\_  
Policy / Contract Number

Is the ownership change in connection with a structure or viatical settlement?  Yes  No

#### A) Current Owner:

\_\_\_\_\_  
Current Owner's Name **(print)**

\_\_\_\_\_  
Current Joint Owner's Name **(print)**, if any

#### B) Current Annuitant/Insured:

\_\_\_\_\_  
Annuitant/Insured's Name **(print)**

#### C) Current Owner's Address and Telephone Number(s):

\_\_\_\_\_  
U.S. Mailing Address (Street Address, City, State, Zip Code)

\_\_\_\_\_  
Home Phone #

\_\_\_\_\_  
Work Phone # (optional)

\_\_\_\_\_  
Cell Phone # (optional)

### 2. Authorization from Current Owner(s)

Once the Company receives and accepts this form, the owner designation will be changed and all other documents pertaining to ownership of the Policy/Contract will be null and void. If accepted, the new Owner referenced in **Section 3** may, during the lifetime of the Insured/Annuitant, without the consent of the Insured/Annuitant and to the exclusion of the Insured/Annuitant, exercise all rights, privileges and options and receive all benefits conferred by the Policy/Contract, anything in the Policy/Contract to the contrary notwithstanding, except that any benefit paid at the death of the Insured/Annuitant shall be paid to the designated Beneficiary(ies), if any, otherwise such benefit shall be paid to the Owner.

I(We) authorize that the ownership of the Policy/Contract referenced in **Section 1** be changed to the new owners referenced in **Section 3**.

\_\_\_\_\_  
Signature of Current Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Current Joint Owner, if any

\_\_\_\_\_  
Date

**Transfer of ownership may result in a taxable event. Consult with your tax advisor if you have any questions regarding your situation. Nassau Life Insurance Company is not responsible for the validity or effect of this transfer of ownership.**

### 3. New Owner Information

#### A) New Owner:

- Mr.  
 Mrs.  
 Ms.

First Name (print) Last Name (print) Social Security # Date of Birth

Relationship to Insured/Annuitant E-Mail (optional)

#### Politically Exposed Person (P.E.P.)

Have you, a family member, or close associate been entrusted with a prominent public function, such as a Head of State or government, a senior politician, a senior government, judicial or military official, a senior executive of a state owned corporation, or an important political party official?

- Yes (If yes, identify the name of the individual(s) and the offices(s) held below.)  
 No

Name of P.E.P. #1 (print) Relationship to Owner Office Held by P.E.P. #1 (print)

Name of P.E.P. #2 (print) Relationship to Owner Office Held by P.E.P. #2 (print)

#### B) New Joint Owner, if applicable:

- Mr.  
 Mrs.  
 Ms.

First Name (print) Last Name (print) Social Security # Date of Birth

Relationship to Insured/Annuitant E-Mail (optional)

#### Politically Exposed Person (P.E.P.)

Have you, a family member, or close associate been entrusted with a prominent public function, such as a Head of State or government, a senior politician, a senior government, judicial or military official, a senior executive of a state owned corporation, or an important political party official?

- Yes (If yes, identify the name of the individual(s) and the offices(s) held below.)  
 No

Name of P.E.P. #1 (print) Relationship to Owner Office Held by P.E.P. #1 (print)

Name of P.E.P. #2 (print) Relationship to Owner Office Held by P.E.P. #2 (print)

#### C) Entity, if applicable: (NOTE: for an Entity, a Certificate of Authority form must accompany this form.)

Exact Name of Entity Taxpayer Identification #

### 4. Citizenship of New Owner(s)

- A.**  U.S. Citizen  
 Resident Alien\* Document Type and Number Country of Citizenship
- B.**  U.S. Citizen  
 Resident Alien\* Document Type and Number Country of Citizenship

\* A copy of an unexpired green card with a photograph must be attached.

### 5. Address and Telephone Numbers of New Owner(s)

The mailing address listed below under "A" will be used as the Address of Record ("AOR").

A.	B.
U.S. Mailing Address / AOR	U.S. Mailing Address
City State Zip Code	City State Zip Code
Residential Street Address (mandatory, if mailing address contains a P.O. Box, "care of" or temporary address)	Residential Street Address (mandatory, if mailing address contains a P.O. Box, "care of" or temporary address)
City State Zip Code	City State Zip Code
Home Phone # Work Phone # (optional) Cell Phone # (optional)	Home Phone # Work Phone # (optional) Cell Phone # (optional)

**6. Signature(s) of New Owner(s)**

**OUR PRIVACY POLICY.** Your privacy is important to us. We obtain personal information about you for the purposes of processing transactions in accordance with your instructions, servicing your accounts, and satisfying legal and regulatory requirements. The personal information we typically obtain includes your name, address, age, and social security number.

We maintain physical, electronic and procedural safeguards to protect your information. These safeguards are designed to comply with federal and state laws. We restrict access to your information to only those associates who need to know that information to provide our products or services to you and we provide training to our employees regarding the proper handling of personal information.

We share your personal information with our affiliated companies when it is necessary to process your transactions, service your accounts, or maintain your records. We also share your information with third parties who need such information in order to process your transactions, service your accounts, or maintain your records. We do not share any information about our current and former customers with anyone except as required or permitted by law or with your consent. Nor do we share your personal information with our affiliates for their use in marketing their products and services, except with your consent and as allowed by law.

**CUSTOMER IDENTIFICATION PROGRAM NOTICE.** Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. Thus, when you open an account, we are required to ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask for a copy of your driver's license or other identifying documents. If you do not provide the required information, or if we are not able to verify your identity, we may be prohibited from opening or maintaining your account.

**TAXPAYER CERTIFICATION.** Under penalties of perjury, I certify that (1) the number provided herein is my correct taxpayer identification number (or I am awaiting a number to be issued to me); 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 as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and (3) I am a U.S. citizen or other U.S. person (defined in the Form W-9 instructions); and (4) I am exempt from Foreign Account Tax Compliance Act reporting.

Check this box if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest or dividends on your tax return.

**The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

**It is hereby warranted that the current owner of the said Policy/Contract and of all the right and privileges incident thereto; that there has been no assignment of the Policy/Contract or any part thereof, and no proceedings in bankruptcy or insolvency have been filed or are pending against the current or new owner.**

**TRANSFER AUTHORIZATION.** I/We authorize the Nassau Life Insurance Company Policy/Contract indicated in **Section 1** of this form to be transferred to me/us as described herein.

Once accepted, I/(we) during the lifetime of the Insured/Annuitant, without the consent of the Insured/Annuitant and to the exclusion of the Insured/Annuitant, exercise all rights, privileges and options and receive all benefits conferred by the Policy/Contract, anything in the Policy/Contract to the contrary notwithstanding, except that any benefit paid at the death of the Insured/Annuitant shall be paid to the designated Beneficiary(ies), if any, otherwise such benefit shall be paid to the me(us).

\_\_\_\_\_  
New Owner's Name (print)

\_\_\_\_\_  
Signature of New Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
New Joint Owner's Name, if any (print)

\_\_\_\_\_  
Signature of New Joint Owner, if any

\_\_\_\_\_  
Date

**Return by Regular Mail:**  
Nassau Life Insurance Company  
Attn: Inforce Services Department  
P.O. Box 22012, Albany, NY 12201-2012

**Return by Overnight Mail:**  
Nassau Life Insurance Company  
15 Tech Valley Drive, Suite 201  
East Greenbush NY12061-4142

**For More Information:**  
800-832-7783 (Inforce Services)