



NASSAU

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

Subaccount
Reallocation Form for
Life and Annuities

Contract/Policy Number: _____

Name Owner: _____

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

Owner's Current Address: _____

A. Please check one of the products below:

- Insured Series Policy
- Tax Tamer I
- Tax Tamer II

B. Select the option that applies to your request:

- Please change the allocation to the following: **(Affects future deposits/premiums)**
- Please reallocate my Accumulation Value to the following: **(Affects current value)**
- Please change the allocation and reallocate my Accumulation Value to the following:
(Affects current value and future deposits/premiums)
- Please rebalance my allocations **(Affects current value)**

C. Select Funds:

Up to 5 subaccounts may be selected; each percent must be a whole number not less than 10%; total percent allocated equal 100%

<u>Subaccount Series</u>	<u>Allocation %</u>
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