



NASSAU RE

## Conversion Cover Sheet

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In order to prevent any delays in processing, please complete this cover sheet and submit all requirements with the appropriate application.

*It is important to return all pages of an application, even though they may appear to be unnecessary.*

### Contact Information

Firm/Agent Name \_\_\_\_\_ Contact name \_\_\_\_\_

Contact e-mail \_\_\_\_\_ Contact phone number \_\_\_\_\_

### Client Information

Client name \_\_\_\_\_ DOB (mm/dd/yyyy) \_\_\_\_\_

Social Security \_\_\_\_\_ Old Policy Number \_\_\_\_\_

Conversion Type (*choose one*): Full \_\_\_\_ Partial \_\_\_\_ or Rider \_\_\_\_

If Partial Conversion (*choose one*): Retaining Balance \_\_\_\_ or Canceling Balance \_\_\_\_\_

### Agent Information (if applicable)

Agent Name \_\_\_\_\_ Agent Code \_\_\_\_\_

Do you have an Active Contract? For confirmation, please contact Distribution Administration at 1-800-417-4769, Option 3, Option 1.

### Requirements Checklist

- Conversion Cover Sheet
- Conversion Application  
(REFERENCE: State of Contract Guidelines before completing application)
- Full Product Illustration (for new policy)
- Supplemental Form OL348 (if applicable)
- All forms complete and signed where applicable