



**B. Election of Method for Payment of \$35.00 Annual Administrative Charge. (Complete only if you wish to change your current payment method.)**

- Charge paid in cash (checks accepted only, made payable to Nassau Re.)
- Charge deducted automatically from sub-account(s) on policy anniversary.

**C. Election of Investment Programs (Complete only if you wish to change your current election.)**

- Check-o-matic \$ Amount \_\_\_\_\_
- Cancel my participation in Check-o-matic effective \_\_\_\_\_ Date

**NY RESIDENTS ONLY**

Please check one of the following boxes (If none checked we will assume the transaction related to this request was not based on a recommendation).

- The transaction related to this request was not based on a recommendation by my insurance producer.
- The transaction related to this request was based on a recommendation by my insurance producer. I have been informed of the relevant features of this transaction and the potential consequences of this request, both favorable and unfavorable.

**D. Signature**

Signed At	Date
Owner+	Assignee+

+ If the owner and/or assignee is a corporation or bank, their complete corporate name(s) must appear above their signature line and this form must be signed by an officer of said corporation(s) with the officer's corporate title indicated.