

Application for Individual Fixed Annuity
Nassau Life and Annuity Company (the Company)
Regular Mail: PO Box 22012, Albany, NY 12201-2012

Express Mail: 15 Tech Valley Drive, Suite 201, East Greenbush, NY 12061-4142

Questions? 800.417.4769, option 2, option 1

Email: annuity.newbusiness@nsre.com

Fax: 321.400.6317

Print and use black ink. All changes should be initialed by Owner(s).

1. Product / Plan Type / Premium			
a. Initial Guarantee Period – Select ONE:			
<input type="checkbox"/> 5 Years <input type="checkbox"/> 7 Years			
b. Free Withdrawal Amount – Select ONE:			
<input type="checkbox"/> No Free Withdrawal Amount Option <input type="checkbox"/> 10%			
c. Select a Non-Qualified or IRA Plan			
Non-Qualified <input type="checkbox"/> 1035 Exchange – submit form OL2400N <input type="checkbox"/> New Purchase			
IRA Plan		<input type="checkbox"/> Traditional IRA <input type="checkbox"/> SEP IRA Plan Name _____ Tax ID _____	
		<input type="checkbox"/> Roth IRA <input type="checkbox"/> Simple IRA Plan Name _____ Tax ID _____	
Check all that apply: <input type="checkbox"/> Transfer/Rollover – submit form OL2400Q <input type="checkbox"/> New Contribution for tax year: _____			
d. Premium			
Premium with Application \$ _____		Anticipated Transfer Premium \$ _____	
<input type="checkbox"/> Personal Check <input type="checkbox"/> Financial Institution Check			

2. Owner <input type="checkbox"/> Individual <input type="checkbox"/> Trust (non-qualified only) Trust must be for the benefit of the Annuitant.				
Individual – First Name		MI	Last Name	Date of Birth (mmddyyyy)
Street Address (no P. O. Box)		City	State	ZIP Code
Social Security/Tax ID #	<input type="checkbox"/> Male <input type="checkbox"/> Female	Preferred Phone #	Relationship to Annuitant	
Email Address				
Trust – Name (required if Owner is a Trust) – Must submit form OL4132, Certification and Acknowledgement of Trust				

3. Joint Owner (non-qualified only)				
First Name		MI	Last Name	Date of Birth (mmddyyyy)
Street Address (no P. O. Box)		City	State	ZIP Code
Social Security/Tax ID #	<input type="checkbox"/> Male <input type="checkbox"/> Female	Preferred Phone #	Relationship to Owner <input type="checkbox"/> Spouse <input type="checkbox"/> Other: _____	
Email Address		Relationship to Annuitant <input type="checkbox"/> Spouse <input type="checkbox"/> Other: _____		

4. Annuitant <input type="checkbox"/> Same as Owner The Owner and Annuitant must be the same for IRAs.				
First Name		MI	Last Name	Date of Birth (mmddyyyy)
Street Address (no P. O. Box)		City	State	ZIP Code
Social Security/Tax ID #	<input type="checkbox"/> Male <input type="checkbox"/> Female	Preferred Phone #	Relationship to Owner <input type="checkbox"/> Spouse <input type="checkbox"/> Other: _____	
Email Address				

5. Joint Annuitant <input type="checkbox"/> Same as Joint Owner			
First Name	MI	Last Name	Date of Birth (mmddyyyy)
Street Address (no P. O. Box)		City	State ZIP Code
Social Security/Tax ID #	<input type="checkbox"/> Male <input type="checkbox"/> Female	Preferred Phone #	Relationship to Annuitant <input type="checkbox"/> Spouse <input type="checkbox"/> Other: _____
Email Address			

6. Beneficiary Information			
Do any of the beneficiaries reside outside of the U. S.? If yes, check here: <input type="checkbox"/>			
Rules			
a. If Joint Owners:			
– Unless otherwise specified below, the surviving Owner <u>will be</u> designated as the sole Primary Beneficiary, and any other beneficiaries listed below will be Contingent Beneficiaries.			
– If the Joint Owners are spouses, in order to continue the contract after the death of the first Owner, the “Surviving Spouse” <u>must be</u> designated as the sole Primary Beneficiary.			
b. If Trust Owned: The Trust <u>will be</u> designated as the Primary Beneficiary, unless a Primary Beneficiary is designated below.			
c. Unless otherwise designated below, payments will be shared equally by all surviving Primary Beneficiaries, or if none, by all surviving Contingent Beneficiaries.			
Beneficiary Type Select one: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Beneficiary Name (First, MI, Last)	<input type="checkbox"/> Male <input type="checkbox"/> Female	Allocation Percent _____ %
Date of Birth (mmddyyyy)	<input type="checkbox"/> Trust Date _____	Relationship to Owner <input type="checkbox"/> Spouse <input type="checkbox"/> Other: _____	Social Security/Tax ID #
Beneficiary Type Select one: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Beneficiary Name (First, MI, Last)	<input type="checkbox"/> Male <input type="checkbox"/> Female	Allocation Percent _____ %
Date of Birth (mmddyyyy)	<input type="checkbox"/> Trust Date _____	Relationship to Owner <input type="checkbox"/> Spouse <input type="checkbox"/> Other: _____	Social Security/Tax ID #
Beneficiary Type Select one: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Beneficiary Name (First, MI, Last)	<input type="checkbox"/> Male <input type="checkbox"/> Female	Allocation Percent _____ %
Date of Birth (mmddyyyy)	<input type="checkbox"/> Trust Date _____	Relationship to Owner <input type="checkbox"/> Spouse <input type="checkbox"/> Other: _____	Social Security/Tax ID #
Beneficiary Type Select one: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Beneficiary Name (First, MI, Last)	<input type="checkbox"/> Male <input type="checkbox"/> Female	Allocation Percent _____ %
Date of Birth (mmddyyyy)	<input type="checkbox"/> Trust Date _____	Relationship to Owner <input type="checkbox"/> Spouse <input type="checkbox"/> Other: _____	Social Security/Tax ID #

7. Existing Coverage / Replacement

- Yes* No Are there any life insurance policies or annuity contracts owned by or on the life of the Owner/Annuitant?
- Yes* No Will this annuity replace any existing life insurance or annuity contract?
- Yes* No Internal Replacement? If Yes, submit form OL3136.

*** If Yes, all replacement forms required by your state must be submitted with the application.**

8. Telephone/Electronic Privileges and Contract Servicing Authorization for Producer
(If none checked, only the Owner will have this privilege)

By checking "Yes", I am authorizing and directing the Company to:

- (1) Act upon telephone or electronic instructions from my producer who can furnish proper identification.
 Yes No

The Company will use reasonable procedures to confirm that these instructions are authorized and genuine. As long as these procedures are followed, the Company and its affiliates, along with their directors, trustees, officers, employees, and producers will be held harmless for any claims, liability, loss or cost. I understand that I may change my answer to this question at any time by submitting a written request to the Company at: P.O. Box 22012, Albany, NY 12201-2012.

9. Special Requests**10. Fraud Notice**

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under the state law.

11. Owner / Annuitant Acknowledgements

- All of the statements and answers in this application are true and complete to the best of my knowledge.
- I understand that my application is subject to review under the Company's administrative suitability guidelines & rules.
- By accepting the issued annuity contract, I agree to any additions or corrections to this application. I also agree that a facsimile or imaged signature is as good as the original.

The contract applied for contains a Market Value Adjustment that may increase or decrease the values in the contract upon withdrawal or surrender, and contains a surrender charge that may decrease the values in the contract upon withdrawal or surrender prior to the end of the Surrender Charge Schedule period.

Owner / Trustee Signature	State signed in	Date signed (mmddyyyy)
Joint Owner / Trustee Signature	State signed in	Date signed (mmddyyyy)
Annuitant Signature	State signed in	Date signed (mmddyyyy)
Joint Annuitant Signature	State signed in	Date signed (mmddyyyy)

If signing on behalf of the applicant(s), you must indicate the capacity in which you are signing. We require documentation with this application that verifies you are authorized to act on behalf of the applicant(s).

<input type="checkbox"/> Conservator <input type="checkbox"/> Guardian <input type="checkbox"/> Power of Attorney	Name (First, MI, Last)
Signature	State signed in Date signed (mmddyyyy)

12. Producer Statements

Yes* No Does the Owner/Annuitant have any existing life insurance policies or existing annuity contracts?

Yes* No Will this annuity replace (in whole or in part) any existing life insurance policy or annuity contract?

*** If Yes, all replacement forms required by your state must be submitted with the application.**

By signing below, I certify and confirm:

- I have truly and accurately recorded on this application the information provided by the applicant(s); I am not aware of any discrepancies or misrepresentations in the recorded information.

Signature		Print Name		
Producer Code	Preferred Phone #	Email Address	Date signed (mmddyyyy)	Share %
Firm Name			Firm Phone #	

Split Commissions

Additional Producer – Signature		Additional Producer – Print Name		
Producer Code	Preferred Phone #	Email Address	Date signed (mmddyyyy)	Share %