



NASSAU RE

Nassau Life and Annuity Company (Company)
Nassau Life Insurance Company (Company)
Nassau Life and Annuity Insurance Company(Company)
PO Box 22012, Albany, NY 12201-2012
Questions? Call 800.417.4769, option 2, option 1

Certificate of Deposit (CD) Transfer

Tax Qualified Funds - (It is understood that the current plan qualifies for transfer to an Individual Retirement Account (IRA) under IRS regulations.)

Non-Qualified Funds

Certificate of Deposit

Issued By:

Institution

Department Name - if applicable

Street Address

City

State

ZIP Code

Telephone Number

Certificate of Deposit

Issued To:

Name(s) of Certificate of Deposit Holder

Certificate of Deposit

Number:

Maturity Date

(must be 30 days from current)

I have appointed the Company to accept the transfer of assets of said Certificate of Deposit account. I hereby request and direct the following action to be taken in order to transfer the proceeds of the account identified above:

Liquidate Certificate of Deposit:

On the maturity date of _____ (must not be more than 30 days after the signing date),

Upon receipt of this request.

The amount requested and directed for payment represents a: (check one)

Partial transfer of \$ _____

Full liquidation and transfer by check.

I am aware of any surrender/withdrawal penalties and income tax consequences which may apply to this transaction, and I authorize the above liquidation and the transfer of the net liquidation proceeds. Please make the check payable to Nassau Re and forward the distribution check directly to the address below:

(Signature of Certificate Owner)

Social Security Number

Date

(Signature of Certificate Owner)

Social Security Number

Date

Acceptance of Transfer (to be completed by the Accepting Company)

Please liquidate the above referenced CD. Do not withhold taxes from the proceeds. Please make the check payable to:
Attach a copy of this form to the check and send to the address below.

Nassau Re

Name of Accepting Company

Authorized Signature

Title

Date (Month, Day, Year)

8 0 0 4 1 7 4 7 6 9

Telephone Number

New Policy/Contract Number

Send completed application to:

Nassau Re Products Mail Operation
PO Box 22012
Albany, NY 12201-2012

By Express Mail:

Nassau Re Products Mail Operation
15 Tech Valley Drive, Suite 201
East Greenbush, NY 12061-4142