



**NASSAU RE**

Nassau Life and Annuity Company (Company)  
Nassau Life Insurance Company (Company)  
Nassau Life and Annuity Insurance Company (Company)  
800.417.4769, option 2, option 1

**Request for 1035 Exchange (NON-Qualified)**  
**(Use for Fixed Income Products and Single Premium Products ONLY)**

- Instructions:**
- A. Please type or print and provide an overnight address of the current Surrendering Insurance Company.
  - B. Owner's and any joint owner's signatures are required on this form.
  - C. The following items must be mailed to the Accepting Insurance Company to process a 1035 Exchange:
    - 1. This form, "Request for 1035 Exchange (Nonqualified)"
    - 2. Old Policy/contract to be exchanged (if lost, please indicate in Section 2 below)
    - 3. State replacement form **(if required by the state)**
    - 4. Application for the Accepting Insurance Company

**1. Surrendering Company Information**

\_\_\_\_\_  
Surrendering Insurance Company Telephone Number Fax Number

\_\_\_\_\_  
Address (Include No., Street, City, State, and ZIP Code)

**2. Policy/Contract Information**

\_\_\_\_\_  
Policy/Contract Number

**The amount requested and directed for payment represents a:**

- Partial transfer of \$ \_\_\_\_\_
- Full liquidation and transfer by check.

\_\_\_\_\_  
Owner Name Tax ID Number

\_\_\_\_\_  
Joint Owner Name Tax ID Number

\_\_\_\_\_  
Annuitant Name(s) Tax ID Number

**3. Accepting Company Information**

\_\_\_\_\_  
Accepting Insurance Company Contract Number Telephone Number

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**ATTN: Nassau Re Products PO Box 22012 Albany, NY 12201-2012**

Address

**4. Signatures**

I do hereby absolutely assign and transfer the above referenced contract (the "Contract") to the Company, along with any and all claims, demands, options, privileges, rights, title, and interest therein as consideration and in exchange for a contract to be issued by the Company in conformance with IRC Sec. 1035. All rights and privileges exercisable by me as Owner of the Contract (including the right to surrender the Contract) are exercisable by the Company as of the date of my signature hereon. I declare that the Contract is not subject to any assignment, pledge, collateral assignment or other lien; that I am not insolvent; that no proceedings in bankruptcy have been instituted by or against me; and, that I am not under guardianship, conservatorship, or any legal disability rendering me incompetent to execute this document.

**Disclaimer:** You should consult your own tax advisor regarding the tax treatment of this 1035 exchange request, the consequences of which you expressly agree to assume. If this is a partial exchange, withdrawals within 12 months may result in adverse taxation. The Company makes no representations concerning your tax treatment under IRC Sec. 1035 or otherwise and does not assume responsibility for the tax treatment of this transaction.

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_  
City and State Date Month Year

If the funds for this annuity are coming from multiple contracts/accounts, I consent to having the amounts received placed in a non-interest bearing account until all expected funds are received. I consent to and understand that while the funds are in this account, no annuity coverage will be in force. I understand that the amounts will be in the non-interest bearing account for no more than 30 calendar days, unless I specifically consent to a longer period of time.

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
Joint Owner or Spouse (only if community property) Signature

\_\_\_\_\_  
Insured Signature (Life only)

\_\_\_\_\_  
Irrevocable Beneficiary Signature

**Signature Guarantee or Medallion Signature (if required by transfer).** For your protection, the Company requires an original signature guarantee. Signature Guarantees such as the Medallion Signature Guarantee Stamp or the Signature Validation Program Stamp can be obtained at most banks. COPIES NOT ACCEPTED.

(OFFICIAL STAMP OR SEAL)

**ACCEPTABLE CERTIFICATIONS:**  
Medallion Signature Guarantee Stamp or  
Signature Validation Program Stamp

**5. Acceptance of Assignment**

The Accepting Insurance Company, as assignee, accepts this assignment and hereby requests full surrender of the above-referenced Policy/Contract. The surrender represents a transfer of funds to the Accepting Insurance Company to qualify as a Section 1035(a) exchange. When the surrender is completed, please provide the Accepting Insurance Company a report of the pre- and post-TEFRA cost basis in the Policy/Contract.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date (Month, Day, Year)

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Title

Send completed application to the Company:

**Regular Mail:** Nassau Re Mail Operation, PO Box 22012, Albany, NY 12201-2012

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