

Questions? Call 800.541.0171, option 2, option 1

Proceeds are to be applied to the Annuity.

1. Existing Financial Institution

Name of Financial Institution _____

Street Address	City	State	ZIP Code
Number of Shares or Dollar Amount to Be Redeemed	Account Number	Phone Number	

2. Exact Form of Registration

Name	Social Security Number	Daytime Phone Number	
Street Address	City	State	ZIP Code

3. Please Make Check Payable to "Nassau Re" and Forward to:

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

These monies are to be applied toward an Annuity Contract in the Owner name of: _____

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

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

Special Instructions: _____

I have chosen to liquidate the securities indicated on this request, which are registered under the federal securities law. I am aware of the tax consequences of liquidating these securities.

Signed: _____ (Date) _____
 _____ (Date) _____

Persons on behalf of a corporation, partnership, or trust, must specify, in full, the capacity in which they are signing.

To: Financial Institution
 From: The Company

 (Authorized Company Signature)

 (Title)

 (Date Signed)

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
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