

**Nassau MYAnnuity 5x****Nassau MYAnnuity 7x****Application for Individual Fixed Annuity****Nassau Life and Annuity Company (the Company)**

Regular Mail: PO Box 219361, Kansas City, MO 64121-9361

Express Mail: 430 W 7th Street, Suite 219361, Kansas City, MO 64105-1407

Questions? 800.417.4769, option 2, option 1

Email: annuity.newbusiness@nsre.com

Fax: 816.221.9674

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

<b>1. Product / Plan Type / Premium</b>			
<b>a. Initial Guarantee Period – Select ONE:</b> <input type="checkbox"/> 5 Years <input type="checkbox"/> 7 Years			
<b>b. Free Withdrawal Amount – Select ONE:</b> <input type="checkbox"/> No Free Withdrawal Amount Option <input type="checkbox"/> 10%			
<b>c. Select a Non-Qualified or IRA Plan</b> <b>Non-Qualified</b> <input type="checkbox"/> 1035 Exchange – submit form OL2400N <input type="checkbox"/> New Purchase <b>IRA Plan</b> <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: _____			
<b>d. Premium</b> Premium with Application \$ _____    Anticipated Transfer Premium \$ _____ <input type="checkbox"/> Personal Check <input type="checkbox"/> Financial Institution Check			
<b>2. Owner</b> <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) – <b>Must submit form OL4132, Certification and Acknowledgement of Trust</b>			
<b>3. Joint Owner</b> (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: _____	
<b>4. Annuitant</b> <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			

<b>5. Joint Annuitant</b> <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				

<b>6. Beneficiary Information</b>				
Do any of the beneficiaries reside outside of the U. S.? If yes, check here: <input type="checkbox"/>				
<b>Rules</b>				
<b>a. If Joint Owners:</b>				
<ul style="list-style-type: none"> <li>– 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.</li> <li>– 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.</li> </ul>				
<b>b. If Trust Owned:</b> The Trust <u>will be</u> designated as the Primary Beneficiary, unless a Primary Beneficiary is designated below.				
<b>c.</b> Unless otherwise designated below, payments will be <b>shared equally</b> by all surviving Primary Beneficiaries, or if none, by all surviving Contingent Beneficiaries.				
<b>Beneficiary Type</b> 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 #	
<b>Beneficiary Type</b> 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 #	
<b>Beneficiary Type</b> 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 #	
<b>Beneficiary Type</b> 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 219361 Kansas City, MO 64121-9361.

### 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 %

This Privacy Statement is provided on behalf of Nassau Life Insurance Company, PHL Variable Insurance Company, and Nassau Life and Annuity Company ("The Company," "we," "our," "us").

The Company respects your concerns about privacy and values the relationship we have with you. This Privacy Statement describes the types of information we collect about you, how we use the information, with whom we share it, the choices available to you regarding our use of the information, and how you can contact us about our privacy practices.

## 1. What Information Does This Privacy Statement Apply to?

This Privacy Statement applies to the collection, use, and disclosure of information from and about you by The Company in order to offer you products and services, determine whether you qualify for our products and services, and administer your account. This Privacy Statement also applies to the collection, use, and disclosure of information from and about you by The Company on our website ([www.nsre.com](http://www.nsre.com)), through our mobile application, through telephone communications, email communications, joint marketing agreements, and through agreements with nonaffiliated third parties.

## 2. What Information Does The Company Collect?

We may obtain information about you when you choose to provide it to us and when we collect it from third parties.

### Information that You or Others Provide

You may choose to provide information to us in a number of ways, such as when you request a quote, apply for a policy, sign up for promotions or newsletters, purchase our products, register on our website, post or provide content, or otherwise interact with us. The types of information you may provide to us include:

- Information we receive from you on applications or other forms or in order to provide you with a quote or illustration (such as name, address, city, state, ZIP code, email address, telephone number, birth date, household information, marital status, information about beneficiaries, and education);
- Information about your transactions and relationships with us, our affiliated companies, and others (such as products or services purchased, account balances, your policy coverage, premiums, and payment history). Financial and payment information (such as social security number, net worth, assets, income, payment card number, expiration date, account number, and billing address);

- Medical information (such as information about your health status or condition, payment for health care, etc.);
- Product preferences, advertisement preferences, and other information about how you use our website;
- Content you submit or post on our website (such as photographs, videos, reviews, articles, comments, or any other information you provide to us or post);
- Employment information;
- Records and copies of your correspondence (including email addresses), if you contact us.

We also may collect information about you from third parties, such as:

- Information we receive from a consumer reporting agency (such as information about your creditworthiness and credit history);
- Information we receive from third parties in order to issue and service your policies (such as motor vehicle reports and medical information);
- Information we receive from third party social media sites.

### Investigative Consumer Reports

In some cases, we may request an independent reporting agency to prepare an investigative consumer report which contains information related to your personal characteristics, finances, general reputation, character, and mode of living. Information obtained primarily through personal interviews with friends, neighbors or associates. You have the right to be interviewed in connection with the preparation of such a report. Upon written request, a complete disclosure of the nature and scope of such a report, if one is made, will be provided as well as the name, address and phone number of the reporting agency so that you may request a copy of your report. If the information in a consumer report leads us to not approve your application or to charge an extra premium we will notify you and provide the reporting agency's name, address and phone number. We will never use the information we receive from an investigative

consumer report for marketing purposes. You should be aware that when an independent consumer reporting agency prepares such a report, they may keep it and disclose it to other companies upon request.

### Medical Information Bureau

We treat information regarding your insurability as confidential. The Company, or its reinsurers may, however, make a brief report thereon to MIB, Inc., formerly known as Medical Information Bureau, a not for profit membership organization of insurance companies, which operates an information exchange on behalf of its members. If you apply to another MIB member company for life or health insurance coverage, or a claim for benefits is submitted to such company, MIB, upon request, will supply such company with the information in its file.

Upon receipt of a request from you, MIB will provide you with any information MIB has in your file. You may contact MIB at 866-692-6901 (TTY 866-346-3642). If you question the accuracy of the information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of MIB's information office is 50 Braintree Hill Park, Suite 400, Braintree, MA 02184-8734.

If you have questions or you wish to have a more detailed explanation or copies of the information we collect, please contact your producer or write to The Company directly. Write to: Nassau Re, Chief Underwriter, PO Box 219361, Kansas City, MO 64121-9361.

### 3. How Does The Company Use My Information?

We may use your information for the following purposes:

- offering you products and services, deciding if you qualify for our products and services, and servicing your account;
- establishing and verifying the identity and eligibility of website users;
- opening, maintaining, administering, managing, and servicing website user profiles, accounts or memberships;
- processing, servicing or enforcing transactions (including EFT, ACH, credit or debit card transactions);
- providing products, content, content suggestions, services, and support;
- conducting special events, sweepstakes, surveys, programs, contests, and other offers (and communicating with you about such events);
- analyzing and improving our products, services, or website (including developing new products and services;

improving safety; managing our communications; analyzing our products; performing market research; performing data analytics; and performing accounting, auditing and other internal functions);

- providing users with product, service, or company updates;
- marketing and advertising our products or services as well as products and services of third parties (such as affiliates, subsidiaries, and business partners);
- responding to your inquiries or comments, or contacting you as necessary;
- operating and communicating with you about or through external social networking platforms;
- maintaining the security and integrity of our systems, including maintaining internal records;
- conforming to legal requirements or industry standards, complying with legal process, detecting and preventing fraud or misuse, defending our legal rights, or protecting others;
- as part of a merger, acquisition, bankruptcy, transfer, sale, corporate change, or any other transaction involving all or a portion of The Company's assets.

All information we collect may be aggregated and merged or enhanced with data from third party sources.

### 4. How Does The Company Share My Information?

We may disclose all of the information we collect (including your nonpublic personal financial information), as described in Section 2 above, to both affiliated and non-affiliated third parties, such as:

- To companies that perform marketing services on our behalf or to other financial institutions with which we have joint marketing agreements;
- To financial services providers, such as life insurers, automobile insurers, mortgage bankers, securities broker-dealers, and insurance agents. We may also make such disclosures to an insurance institution, agent, insurance support organization, or self-insurer without your prior authorization, but only for purposes of (i) detecting or preventing fraud or other criminal activity; (ii) allowing the recipient to perform its function in connection with our insurance transactions; or (iii) as otherwise permitted by law;
- To a group policyholder for reporting claims experience or for audit purposes;



- To a medical care institution or medical professional for purposes of verifying your insurance coverage or benefits, to inform someone of a medical condition of which that person might not be aware, or for conducting and operations or services audit to verify the individuals treated by the medical professional or at the medical care institution;
- To non-financial companies, such as retailers, direct marketers, airlines, and publishers
- To third parties who help us with our business functions, such as service providers or suppliers. Examples of these service providers include entities that process credit card and other types of payments, help us moderate content posted on the Website, provide web hosting or analytics services, or who assist with marketing functions;
- To third parties involved in servicing and administering products and services on your behalf such as:
  - Your agent, broker or producer;
  - Banks;
  - Reinsurance companies;
  - Firms that assist us in the servicing of your policies;
  - Firms that assist in the printing or delivering of statements and notices;
- To other third parties for their own marketing purposes;
- To third parties for specific purposes permitted by law, such as:
  - If necessary to protect the safety, property, or other rights of us, our customers, or employees;
  - To comply with any court order, law, or legal process, including to respond to any government or regulatory request, or as otherwise required by law;
  - To State or federal regulators;
  - To auditors;
  - To law enforcement or another governmental authority for purposes of preventing or prosecuting fraud, or to report activities we reasonably believe are illegal;
  - With your consent in certain circumstances;

We may disclose information about our customers and our former customers to these third parties for the purposes described above.

We reserve the right to transfer information we have about you in the event we sell, transfer, or engage in another

transaction involving all or a portion of our business or assets, or undertake another form of corporate change, including bankruptcy. Following such a sale, transfer, or transaction, or corporate change, you may contact the entity to which we transferred your information with any inquiries concerning the processing of that information.

Your information may be stored in databases maintained by The Company (including local storage) or third parties, and may be disclosed to third parties for the purposes stated in this Privacy Statement, that are located within and outside the United States, including countries where privacy rules differ and may be less stringent than those of the country in which you reside.

## 5. Is My Information Secure?

The Company will take reasonable precautions to protect your information from loss, misuse or alteration. For example, we have procedures in place that limit internal access to personal information to only those employees who need to access it in order to perform business services or market products on behalf of The Company and our affiliates. We educate our employees on the importance of protecting the privacy and security of your information. We also maintain physical, electronic and procedural safeguards that comply with federal and state regulations to guard your personal information.

Please be aware, however, that any email or other transmission you send through the Internet cannot be completely protected against unauthorized interception. As a result, we ask that you not send any confidential information to The Company via e-mail.

## 6. What Choices Do I Have?

**If you prefer that we not disclose nonpublic personal financial information about you to nonaffiliated third parties, you may opt out of those disclosures, that is, you may direct us not to make those disclosures (other than disclosures permitted by law). If you wish to opt out of disclosures to nonaffiliated third parties, you may opt out by sending us an email request to opt out to [corporate.compliance@nsre.com](mailto:corporate.compliance@nsre.com) or by calling us at 1-800-813-8180. Note that you can only opt out of sharing your nonpublic personal financial information with nonaffiliated third parties for certain purposes; you cannot opt out of sharing such information with nonaffiliated third parties who are service providers to us, who engage in joint marketing efforts with us, who assist us with processing and servicing transactions, or as otherwise permitted by law.**

You may also “opt-out,” or unsubscribe, from our newsletters, special offers or discounts, or other marketing communications by following the unsubscribe instructions in any e-mail or other communication you receive from us. After doing so, you will not receive future promotional emails unless you open a new account, enter a contest, or sign up to receive newsletters or emails. Please note that even after unsubscribing we may still disclose information as permitted or required by law including, but not limited to, service related announcements, important information about your policy, state required notices, and other non-marketing communications about your account or purchases that you have made. Please allow up to 2 weeks for us to process your request.

You may access personal information we have recorded about you by submitting a written request which reasonably describes the information requested. This information will be provided to you within thirty (30) business days from the date your written request is received so long as it is reasonably locatable and retrievable by us. You may also request the correction, amendment or deletion of any recorded personal information that we have in our possession. We will notify you of our decision to comply with your request or our reasons for refusal within thirty (30) business days from the date your written request is received. In the event we refuse your request, you will be provided with the opportunity to file a concise statement setting forth what you believe to be the correct, relevant or fair information and the reasons you may disagree with our determination.

We store data for as long as it is necessary to provide the products and services described in this Privacy Statement and for our internal business purposes. If you would like us to delete information, you may contact us using the information below and we will take reasonable efforts to delete your information from our records, but may need to keep a copy for administrative purposes (such as documenting that a transaction occurred).

This policy is meant for general use in every state. Any provision in this policy that is in conflict with the laws of your state is hereby amended to conform with the standards in your state.

**Residents of California, New Mexico, Vermont:**

We will not disclose personal information about you to any unaffiliated third party without first obtaining your affirmative, opt-in consent, except as expressly permitted by law.

## 7. How Can I Contact The Company?

The Company is committed to working with you to obtain a fair and rapid resolution of any queries, complaints, or disputes about privacy. If you have submitted information to The Company and you would like to have it deleted from our databases or corrected, or if you have any other questions or comments regarding our privacy practices, please email us at [corporate.compliance@nsre.com](mailto:corporate.compliance@nsre.com) for more information.