



Attached is the form you requested. In order for your request to be processed in a timely manner, the **sections referenced below must be completed on the accompanying form.**

Section A	<ul style="list-style-type: none"> • Contract/Policy Number • Owner's Name
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Section B	Check the one box in this section which indicates who you authorize to submit Telephone/Electronic instructions for your contract or policy. You also have the option of restricting all Telephone and Electronic transactions if you wish.
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Section C	<p>Signature requirements are based on the owner designation of the policy/contract. Examples are:</p> <ul style="list-style-type: none"> • Individual: Print and sign your full name as it appears on the policy/contract. • Multiple Owners: <u>All</u> owners must sign. • Partnership: <u>All</u> partners must sign (unless a form authorizing one partner to sign is on file with us). • Corporation: Titled officer must sign. The officer's title must also be indicated. <i>NOTE: In general, the insured/annuitant should not sign as officer. We ask that an additional titled officer sign if the signing officer is effecting a change for his or her personal benefit.</i> • Trust: The current trustee(s) must sign and indicate "Trustee" after each signature. <p style="text-align: center;"><i>All forms must be dated in order to process your request.</i></p>
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Contact Information	<p>Delivery</p> <ul style="list-style-type: none"> • <i>U. S. Mail:</i> PO Box 219361 Kansas City, MO 64121-9361 • <i>Shipping:</i> 430 W 7th Street, Suite 29361 Kansas City, MO 64105-1407 	<p>Phone</p> <p>(800) 541-0171</p>	<p>FAX</p> <ul style="list-style-type: none"> • (816) 221-7036 (Variable Life) • (816) 221-9674 (Annuity)
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A. Account Information

Contract/Policy Number	Owner's Name (Please Print)
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B. Authorization

The Company (Note: As used in this form, the word Company means the company that issued this contract) unless instructed otherwise below, is hereby authorized to act upon Telephone/Electronic instructions from any person(s) associated with the above-referenced contract/policy who can furnish proper identification.

These instructions supersede any previously given by the Owner.

The undersigned authorizes the Company to act upon instructions received from the following:

- The Owner **only**
- The Financial Representative of record **and** Owner
- No, I do not wish to have Telephone/Electronic Privilege. I understand that electronic privileges include Web transactions and that I will therefore be unable to process investment option transfers on www.nsre.com*. I will authorize all transactions by submitting a Change Authorization form to: Nassau Re Variable Products Mail Operation, PO Box 219361, Kansas City, MO 64121-9361.

* Telephone/Electronic Authorization not required for accessing account values on www.nsre.com; however, additional registration is required for web site access.

C. Signature/Date

Telephone/Electronic Transactions are subject to the terms and provisions in the prospectus, including the provision that the Company will not be liable for any loss, injury or damage incurred as a result of acting upon, and neither will it be responsible for the authenticity of, any telephone/electronic instructions.

The Company reserves the right to discontinue the Telephone/Electronic Authorization Privilege. If the privilege is discontinued, you will be notified in writing at the address last on file with Variable Products Operations.

Owner's Signature _____

Date _____