NASSAU RE

Nassau Life and Annuity Company (the Company)
Nassau Life Insurance Company (the Company)
PHL Variable Insurance Company (the Company)

Reinstatement/Extension Quick Reference

If your policy has lapsed, you may be able to restore your coverage. Please complete the attached reinstatement application and HIPAA authorization form to begin the process.

To determine your eligibility, or if you have any other questions, you may contact your agent or Customer Service Center at 1-800-628-1936 (Traditional Life) or 1-800-541-0171 (Variable Life).

Reinstatement typically requires:

- A completed Reinstatement Application and HIPAA Authorization specific to the policy owner's state of residence;
- Evaluation of evidence of insurability;
- Requirements for evidence of insurability vary by age, amount of coverage, duration of lapse, and responses to questions on the application for reinstatement;
- Additional premium.

Steps for Reinstating Your Policy:

Step 1 – Determine if Your Policy is Eligible for Reinstatement. Please refer back to the original contract to review the reinstatement provision. Please note, if your policy did not lapse, but was surrendered, it is not eligible for reinstatement.

Step 2 – Complete the State Specific Application for Reinstatement and HIPAA Authorization. When completing the application, remember the following:

- Ensure the application you are using is correct for the policy owner's state of residence.
- Complete all sections in their entirety to avoid processing delays. If the answers on the application are incomplete, we may return it to you for additional information.
- If your policy is for joint coverage, each insured must complete an Application for Reinstatement and HIPAA Authorization.
- The application must be signed and dated by the insured and owner (if other than insured) as well as signed and dated by a witness.

Step 3 – Send Completed Forms to the Company. Use any of these options to send your forms and payment. Typically within two weeks of receipt, the Company will review your application and determine if additional information, or if verification of your current medical health status is required.

Fax: (816) 502-4920 Traditional Life *or* (816) 221-7036 Variable Life

U.S. Mail: Nassau Re, P. O. Box 219361, Kansas City, MO 64121-9361

Overnight Mail: ATTN: Nassau Re, 430 W 7th Street, Suite 219361, Kansas City, MO 64105-1407

Step 4 – Evaluation of evidence of insurability. Reinstatement of an application requires evidence of insurability satisfactory to the Company.

Requirements for evidence of insurability vary by age, amount of coverage, duration of lapse, and responses to questions on the application for reinstatement.

As we rely on your statements of good faith in the application, it is important that your response to each question is full, true and complete. These responses are validated through review of third party data searches (described in our Privacy Statement) and other evidence of insurability obtained during our review of your Application for Reinstatement.

We may request copies of medical records from your physician and/or obtain a medical exam, as well as, blood, urine, or other medical tests. If a medical exam or other testing is needed, you will be contacted by our vendor to schedule an appointment.

Please indicate your daytime phone number on the attached reinstatement application.

Step 5 – Your Reinstatement Request is Approved or Declined. We will notify you in writing if your request for reinstatement was approved or declined. In the event that we do not approve your application, we will provide the specific reason for our decision as well as the source of the information that led to that decision.

If approved, you will be asked for the payment due to put the policy back in force. Once received, your policy will be active and again provide you with full coverage.

NASSAU RE

Nassau Life and Annuity Company (the Company)
Nassau Life Insurance Company (the Company)
PHL Variable Insurance Company (the Company)

Regular Mail: PO Box 219361, Kansas City, MO 64121-9361
Overnight Mail: 430 W 7th Street, Suite 219361, Kansas City, MO 64105-1407

Application for Reinstatement

☐ Reinstatement of Policy Number(s) _____

Section 1 - Proposed Insured Information

Name (First, Middle, Last)	Sex ☐ M ☐ F	Date of Birth (mm/dd/yyyy)	Social Security Number

Marital Status ☐ Married ☐ Civil Union Partner ☐ Divorced ☐ Federal Spouse ☐ Single ☐ Widowed	Birth State	Birth Country	U.S. Citizen ☐ Yes ☐ No If "No", complete Non U.S. Citizen ONLY questions.

Non U.S. Citizen ONLY	Country of Citizenship	Green Card / Visa Type	Expiration Date (mm/dd/yyyy)	Country of Permanent Residence	ID Number	Years in U.S.

Driver's License #	State	Earned Income $	Unearned Income $	Net Worth $

Residence Street Address (include Apt #)	City	State	ZIP Code	Preferred Telephone Number ( )

Have you used tobacco or nicotine products in any form in the last 10 years? ☐ Yes ☐ No

a. If "Yes", check the product(s) used: ☐ Cigarettes ☐ Cigars, Pipes, Snuff, Smokeless or Chewing Tobacco, ☐ Nicotine Patch, Gum, Lozenge or Other_____

b. If "Yes", check where appropriate: ☐ Use Currently ☐ Date Quit (mm/yyyy) _____

Section 2 - Insurance History

1. Have you ever applied for life, accident, disability or health insurance and been declined, postponed, or been offered a policy differing in plan, amount or premium rate from that applied for? ☐ Yes ☐ No
   If "Yes", provide date, company and reason. _____
2. Are you negotiating for other life insurance? ☐ Yes ☐ No
   If "Yes", provide company, and the total amount of coverage to be placed in force. _____
3. Has the insured or the owner participated in a transaction involving the sale or transfer of a life insurance policy on the life of the insured? ☐ Yes ☐ No
   If "Yes", provide details in the grid below.
4. Has the insured or owner or any individual, or any entity received or been promised cash or other financial or non-financial inducements in connection with this policy or this reinstatement application? ☐ Yes ☐ No
   If "Yes", provide details. _____
5. Are there any life insurance policies on the life of the insured including policies that have been previously settled or sold? ☐ Yes ☐ No
   If "Yes", provide details in the grid below.

Schedule of In Force Coverage

If no coverage in force, check here: ☐

Company	Insurance Personal	Insurance Business	Issue Date mm/yyyy	Amount Including Riders	Indicate if Sold, Assigned, Transferred or Settled and Transaction Date
	☐	☐		$	
	☐	☐		$	
	☐	☐		$	
	☐	☐		$	

Section 3 - Medical History

Current Height:	Current Weight:	If your weight has changed by 10 pounds or more in the past 2 years, how many pounds _____ ? ☐ Gain ☐ Loss Reason:

Family History:	Age if Alive	Age at Death	If alive, indicate health problems or if deceased, indicate cause of death:
Father ☐ Alive ☐ Deceased			

Family History:	Age if Alive	Age at Death	If alive, indicate health problems or if deceased, indicate cause of death:
Mother ☐ Alive ☐ Deceased			

Personal Physician: Please provide the name and address of your personal physician or health care provider, date of most recent visit, reason for visit, and results of treatment (if any):

Has anyone in your immediate family developed any hereditary condition, cancer, or heart disease before age 60? ☐ Yes (Please provide **details** below.) ☐ No

To the best of your knowledge and belief, have you ever consulted, or been diagnosed or treated by a licensed physician or a licensed member of the medical profession for:

1. High blood pressure or hypertension? ☐ Yes ☐ No
2. Pain, pressure, or discomfort in the chest, angina pectoris, palpitations, swelling of the ankles, or undue shortness of breath? ☐ Yes ☐ No
3. Heart disease, coronary artery disease, cardiomyopathy, heart failure, atrial fibrillation, heart rhythm abnormality, heart murmur, congenital heart disease or valvular heart disease? ☐ Yes ☐ No
4. Peripheral vascular disease, claudication, narrowing or blockage of arteries or veins? ☐ Yes ☐ No
5. Asthma, pulmonary fibrosis, chronic cough, emphysema, pneumonia, or any other lung disease? ☐ Yes ☐ No
6. Neurologic disease, seizures, fainting, falls, concussion, stroke, transient ischemic attack (TIA), tremor, neuropathy, weakness, paralysis, Parkinson's disease, memory loss, dementia, or any other disease of the brain or nervous system? ☐ Yes ☐ No
7. Depression, bipolar disorder, schizophrenia, anxiety, or other psychiatric illness? ☐ Yes ☐ No
8. Arthritis, lupus, or any musculoskeletal or skin disorder? ☐ Yes ☐ No
9. Ulcers, abdominal pain, colitis, Crohn's disease, gall bladder disease, liver disease, hepatitis, jaundice, pancreatitis, or any other disease of the gastrointestinal system? ☐ Yes ☐ No
10. Diabetes, kidney disease, kidney stones, bladder disorder, prostate disorder, protein or blood in the urine? ☐ Yes ☐ No
11. Endocrine disorder, including disorder of the thyroid, parathyroid, adrenal, or pituitary glands? ☐ Yes ☐ No
12. Anemia, bleeding or clotting disorder, or any other disorder of the blood or bone marrow? ☐ Yes ☐ No
13. Cancer of any type, tumor (benign or malignant), leukemia, lymphoma, or Hodgkin's disease? ☐ Yes ☐ No
14. Are you taking any kind of medicine, therapy, or treatment regularly or at frequent intervals? ☐ Yes ☐ No
15. Have you ever been treated for alcoholism or been advised to limit or stop your use of alcohol? ☐ Yes ☐ No
16. Have you ever used narcotics, barbiturates, amphetamines, hallucinogens, marijuana, or any prescription drug except in accordance with a physician's instructions? ☐ Yes ☐ No
17. Have you ever been a patient in any hospital, treatment center, or similar facility within the last 10 years? ☐ Yes ☐ No
18. Have you had, or been advised to have, any surgery, X-rays, electrocardiograms, blood studies (excluding Human Immunodeficiency Virus or Acquired Immune Deficiency Syndrome test) or other tests within the last 5 years? ☐ Yes ☐ No
19. Other than above, have you had any other physical or psychological disorder or been treated by a physician or other health care provider for any reason within the past 5 years? ☐ Yes ☐ No
20. Have you ever applied for or received sickness or accident benefits or a disability payment from any source? ☐ Yes ☐ No

Applicants Age 65 and older answer questions below:

21. Are you using any of the following: cane, catheter, electric scooter, oxygen, walker or wheelchair? ☐ Yes ☐ No
22. In the past year, have you required the assistance of another person for: bathing, dressing, eating, toileting, transferring, or management of bowel or bladder problems? ☐ Yes ☐ No
23. In the past year, have you had any falls, received or been advised to have any of the following: care in an adult day care facility, assisted living facility, home health care, nursing home care or physical, occupational or speech therapy? ☐ Yes ☐ No

Details of "Yes" answers (include question number, condition, date of occurrence, testing performed, current status, hospital or treating physician's name and address.)

The Company reserves the right to require additional information, medical examination or testing to complete the underwriting process.

Section 4 - Non - Medical Information

Provide full details for all "Yes" answers below in Section 5 - Additional Information.

1a. Have you traveled or resided in the past 2 years outside of the United States or Canada? ☐ Yes ☐ No

1b. Do you plan to do so within the next 2 years? ☐ Yes ☐ No

If "Yes", to either questions 1a or 1b state where, how long, purpose and dates.

Location: City, Country: _____

How Long: (Specify weeks, months, years) _____

Purpose: _____

Dates: _____

2a. Have you flown during the past 3 years as pilot, student pilot or crew member? ☐ Yes ☐ No

If "Yes", complete Aviation Application Supplement.

2b. Do you plan to do so within the next 2 years? ☐ Yes ☐ No

If "Yes", complete Aviation Application Supplement.

3a. Have you participated in the past 3 years in ATV (all-terrain vehicle), motorized vehicle racing, stunt driving, motorcycle, motorboat, horse, or truck racing, rodeo, jet ski, scuba/skin diving, spelunking (cave exploration), heleskiing, hang gliding, cliff diving, bungee jumping, snowmobile, bobsled, skeleton, luge, skydiving/sport parachuting, ultralight flying, ballooning, mountain climbing, big game hunting, boxing, martial arts? ☐ Yes ☐ No

If "Yes", complete Avocation Questionnaire.

3b. Do you plan to do so within the next 2 years? ☐ Yes ☐ No

If "Yes", complete Avocation Questionnaire.

4. Have you ever been convicted of a felony? ☐ Yes ☐ No

5. Are you currently, or have you ever been on probation? ☐ Yes ☐ No

6. Have you ever been convicted of driving under the influence of alcohol or drugs, or had your driver's license been suspended or revoked, or had greater than 2 moving violations in the past 3 years? ☐ Yes ☐ No

7. Have you ever filed bankruptcy? ☐ Yes ☐ No

Section 5 - Additional Information

Use space below for additional information.

Section 6 - Fraud Notices

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Section 7 - Authorization To Obtain Information

I authorize any licensed physician, health care practitioner, hospital, medical laboratory, pharmacy or pharmacy benefit manager, clinic or other medically-related facility, insurance company or MIB (formerly Medical Information Bureau), having any records or knowledge of me or my health or prescription history to provide any such information to the Company, its affiliates, service providers or its reinsurers. The information requested may include information regarding diagnosis and treatment of physical or mental condition, including consultations occurring after the date this authorization is signed. I authorize any of the above sources to release to the Company, its affiliates, service providers or its reinsurers any of my information relating to alcohol use, drug use and mental health care. Further, I authorize the Company, its affiliates, service providers or its reinsurers to make a brief report of my personal health information to MIB.

I authorize consumer reporting agencies, insurance companies, motor vehicle departments, my attorneys, accountants and business associates, pharmacy or pharmacy benefit manager, and MIB to provide any information to the Company, its affiliates, service providers or its reinsurers that may affect my insurability. This may include information about my medical history, occupation, participation in hazardous activities, motor vehicle record, foreign travel, finances, insurance history or other personal information.

Any information will be used only for the purpose of risk evaluation and determining eligibility for benefits under any policies issued. The Company, its affiliates or service providers may disclose information it has obtained to others as permitted or required by law, including MIB, our reinsurers and other persons or entities performing business or legal services in connection with this application, any contract issued pursuant to it or in connection with the determination of eligibility for benefits under an existing policy. Information that is not personally identifiable may be used for insurance statistical studies.

To facilitate rapid submission of information, I authorize all of the above sources, except MIB, to give such records or knowledge to any agent, agency or producer authorized to do business with the Company, its affiliates or service providers to collect and transmit such information.

I acknowledge that I have received a copy of the Privacy Statement, including information about Investigative Consumer Reports and MIB. I authorize the preparation of an investigative consumer report. I understand that upon written request, I am entitled to receive a copy of the investigative consumer report.

This authorization shall continue to be valid for 24 months from the date it is signed unless otherwise required by law. A copy of this signed authorization shall be as valid as the original. This authorization may be revoked at any time by writing to the Company prior to the time the insurance coverage has been placed in force. I understand my authorized representative or I may receive a copy of this authorization on request.

Section 8 - Signatures

I have reviewed this Reinstatement Application and the statements made herein are those of the Proposed Insured and all such statements made by the Proposed Insured have been correctly recorded and are full, complete and true to the best of the Proposed Insured's knowledge and belief. Further, I understand that the Company will rely upon the information provided in this Reinstatement Application. The statements and answers in the Reinstatement Application are the basis for the reinstatement and no information about them will be considered to have been given to the Company unless it is stated in the Reinstatement Application.

I understand that if there is any change in my health that would change the answer to any of the questions on this application between now and when I am notified that my reinstatement has been approved, I will notify the Company at PO Box 219361, Kansas City, MO 64121-9361.

I understand that 1) no statement made to or information acquired by any licensed producer who takes this application shall bind the Company unless stated in this reinstatement application and 2) no licensed producer has authority to make, modify, alter or discharge any contract thereby applied for.

I understand and agree that the insurance applied for shall not take effect unless and until each of the following has occurred:

1. This reinstatement application and any underwriting requirements are complete and approved by the Home Office of the Company; and
2. All past due premiums and interest payments have been received by the Company during the proposed insured's lifetime;
3. The representations made in the reinstatement application are full, complete and true at the time payment is received by the Company.

Under penalty of perjury, I confirm that 1) the Social Security or Tax Identification Number shown is correct, and 2) that I am not subject to back-up withholding.

If I am an Owner who is not the insured, I hereby affirm that I have reviewed this Reinstatement Application and that: 1) all statements made by the Owner in this Reinstatement Application have been correctly recorded and are full, complete and true to the best of the Owner's knowledge and belief and 2) that to the best of the Owner's knowledge and belief, all statements of the Proposed Insured are full, complete and true.

Proposed Insured's Signature	**State Signed In**	Witness Signature (Must be signed in presence of Proposed Insured)	Date (mm/dd/yyyy)
Owner's Signature	**State Signed In**	Witness Signature (Must be signed in presence of Owner)	Date (mm/dd/yyyy)
Owner's Signature	**State Signed In**	Witness Signature (Must be signed in presence of Owner)	Date (mm/dd/yyyy)

NASSAU RE

Notice of Confidential Abuse Information
New Mexico Regulation (13 NMAC 7.5)

This notice is to inform all life insurance applicants/policyowners in New Mexico of their rights under New Mexico's Confidential Abuse Information Regulation.

During the underwriting process information may be received from sources other than you. Information gathered may include, without limitation, personal interviews, medical doctor records, and financial information. We may hire outside sources to obtain information about you. The outside organizations may retain a copy of the information; however, this information may not be shared with any person or organization without your written consent.

We may receive confidential abuse information and if we do, we are prohibited by law from using any confidential abuse information, from any source, as a basis for denying, refusing to issue, renew, or reissue an existing policy. The law also prohibits us from canceling or terminating a policy based on confidential abuse information. We cannot restrict policy benefits or coverage or charge a higher premium based on information regarding domestic violence.

By law, we are not allowed to disclose domestic abuse findings except to the following entities: you, a licensed physician designated by you, a health care provider for the direct provision of health care services, as ordered by the Superintendent of Insurance or a court of law, a reinsurer if we cannot reasonably separate the domestic abuse information in the file, a party who proposed or has purchased our business, our medical or claims personnel but only when necessary to process an application or claim or to protect the safety and privacy of a victim of domestic abuse, an attorney who represents us provided the attorney exercises due diligence to protect the confidential abuse information, the owner when the policy is delivered if it contains the confidential information, or any other entities ordered by the Superintendent of Insurance. With respect to your address and phone number we may disclose them to entities with which we transact business if the business cannot be transacted without this information.

Under the regulation a "protected person" is defined as:

1. A victim of domestic abuse who has notified an insurer that he or she has been a victim of domestic abuse and is a present policy owner, a proposed policy owner, a present applicant, a present or proposed insured, a claimant, or has coverage under a life insurance policy that has been issued by our company.

2. An individual or entity that provides shelter advocacy, counseling or protection to victims of domestic abuse.

If you wish to be a "protected person" you must notify us in writing. As a protected person you may submit a written request for access to confidential abuse information discovered during the underwriting of your policy. You may also submit a written request to correct, amend, or delete a portion of the confidential abuse information. In addition, upon request, we will establish and maintain the confidentiality of location information of the protected person. Location information includes address, phone number, place of employment, school, or other known location. We have 30 days to respond to your request.

If you wish to become a "protected person", request confidential information, correct amend or delete a portion of the confidential abuse information, or request us to maintain the confidentiality of location information, please notify us in writing at the following address:

Client Relations/PP
Nassau Re
PO Box 22012
Albany NY 12201-2012

When you write to us at the above address, please include the following information along with your written instructions:

1. Provide detailed instructions of your request
2. Print the Insured's Name
3. Insured's Signature and date signed
4. Date of Birth
5. Policy Number
6. Print Policyowner's Name
7. Policyowner's Signature and date signed

Nassau Re Privacy Statement

NASSAU RE

Effective Date: 9/10/2018

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), 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 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 for more information.