



Phoenix Life Insurance Company (the Company)
PHL Variable Insurance Company (the Company)

Regular Mail: PO Box 8027, Boston MA 02266-8027

Overnight Mail: 30 Dan Rd., Suite 8027, Canton MA 02021-2809

Customer Identification Verification Form

Section 1 - Owner Name

Owner (First, Middle, Last Name or Name of Trust)

Section 2 - USA PATRIOT Act Notice

To be read by or to Customer.

The USA PATRIOT Act requires insurance companies to obtain all relevant customer-related information necessary to establish an effective anti-money laundering program. In accordance with the USA PATRIOT ACT and the Company's anti-money laundering program, the Company will ask individuals for identifying information including their name, address, date of birth, including a driver's license or other government issued identification that will allow us to verify their identity. For certain entities, such as trusts, estates, corporations, partnerships, or other organizations, identifying documentation is also required. For both individuals and legal entities, the Company may include the use of third party sources to verify the information provided.

Customer Identification Verification - In order to satisfy such obligations, we require our producer to review and verify a current government issued photo ID for each Insured/Annuitant/Owner associated with a policy or contract. Information on such identification must be recorded below.

Complete for each Insured/Annuitant/Owner. **Information should be recorded EXACTLY as it appears on the identification reviewed.** Use additional forms if necessary.

A. Identification Verification

<input type="checkbox"/> Insured <input type="checkbox"/> Annuitant <input type="checkbox"/> Owner	<input type="checkbox"/> Joint Insured <input type="checkbox"/> Joint Annuitant <input type="checkbox"/> Joint Owner
Check one form of ID: <input type="checkbox"/> Driver's License or State Issued ID Card <input type="checkbox"/> Resident Alien ID (Green Card) <input type="checkbox"/> Passport <input type="checkbox"/> Other: (Describe) _____	Check one form of ID: <input type="checkbox"/> Driver's License or State Issued ID Card <input type="checkbox"/> Resident Alien ID (Green Card) <input type="checkbox"/> Passport <input type="checkbox"/> Other: (Describe) _____
Name (First, Middle, Last) _____	Name (First, Middle, Last) _____
Date of Birth (mm/dd/yyyy) _____	Date of Birth (mm/dd/yyyy) _____
Street Address (not PO Box) _____	Street Address (not PO Box) _____
City, State, ZIP Code _____	City, State, ZIP Code _____
Number on ID _____ State or Country _____	Number on ID _____ State or Country _____
Identification Expiration Date _____	Identification Expiration Date _____

B. Additional Customer Information

Occupation (if retired list most recent Occupation) _____ U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No If "No", Country of Citizenship _____ Country of Permanent Residence _____ Number of years in the U.S. _____ Visa Type _____	Occupation (if retired list most recent Occupation) _____ U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No If "No", Country of Citizenship _____ Country of Permanent Residence _____ Number of years in the U.S. _____ Visa Type _____
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Section 3 - Producer Statement

I certify that I personally met with the proposed Insured(s)/Annuitant(s)/Owner(s) and reviewed the above identification documents. To the best of my knowledge, it accurately reflects the identity of the proposed Insured(s)/Annuitant(s)/Owner(s).

I was unable to personally review the identification documents for the reason stated below. I certify that, to the best of my knowledge, the information provided by the Insured(s)/Annuitant(s)/Owner(s) is true and accurate.

Reason for not reviewing documents: _____

Print Producer Name (First, Middle, Last)	Producer ID #	Producer Signature	Date (mm/dd/yyyy)