



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

Release of Assignment
Quick Reference

Contact Information

Mail completed form to:

Regular Mail: PO Box 22012, Albany, NY, 12201-2012

Overnight Mail: 15 Tech Valley Dr., Suite 201, East Greenbush, NY 12061-4142

Fax completed form to:

Traditional Life: (321) 400-6318

Variable Life: (321) 400-6316

Annuity: (321) 400-6317

Phone:

Traditional Life: (800) 628-1936

Variable Life or Annuity: (800) 541-0171

Section 1 - Statement of Release

Complete all requested information.

- Complete Policy/Contract Number information.
- Print Insured/Annuitant(s) Name and Date of Release.

Section 2 - Assignee Authorization

- Print full name of Individual/Non-Individual Entity.
- Sign and date form (required for all applicable parties).
 - All Assignees must sign.

Non-Individual Entity

- Trust: The current trustee(s) must sign.
 - Partnership: All partners must sign (unless a Partner Authorization Form - OL4363 is received or on file with the Company).
 - Corporation: Titled Officer must sign. The officer's title must also be indicated and the Company's Corporate Resolution must accompany this request.
- NOTE:** In general, the insured/annuitant should not sign as an officer. The Company requests that an additional titled officer sign if the signing officer is effecting a change for his/her personal benefit.
- Sole Proprietorship: Print and sign full name.

- Notary required** (The Company will not process the release without a Notary Public).



Section 1. Statement of Release

For value received, all right, title and interest of the undersigned assignee(s) in and to the Company;

policy number _____ on the life of _____

is hereby relinquished and released this _____ day of _____, 20_____.

Section 2. Assignee Authorization

If the Assignee is an **Individual**:

Print full name of Individual: _____

Individual Assignee Signature: _____ Date: _____

Witness Signature: _____ Date: _____

If the Assignee is a **Non-Individual** Entity: (Attach Corporate Resolution, if applicable)

Print full name of Entity: _____

Print full name and title of
Duly Authorized Officer/Partner(s)/Trustee(s) of Entity: _____

Authorized Signature: _____ Date: _____

Witness Signature: _____ Date: _____

} ss: AFFIDAVIT

STATE OF _____

COUNTY OF _____

Then personally appeared _____ and _____
known to me to be the _____ and _____
respectively of the _____

on this _____ day of _____, 20 _____, who acknowledged the foregoing instrument to be _____ free act and deed.

My commission expires _____

Notary Public

Nassau Life and Annuity Company
Nassau Life Insurance Company
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Nassau Life and Annuity Insurance Company

Home Office Use Only

Received at the Home Office on _____, Recorded by _____
Authorized Signature

Nassau Life and Annuity Company
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PHL Variable Insurance Company
Nassau Life and Annuity Insurance Company