



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

**POWER OF ATTORNEY
ATTORNEY-IN-FACT CERTIFICATION**

If the Power of Attorney grants authority to multiple Attorneys-in-Fact who must act together, each Attorney-in-Fact must complete this Certification form. Along with this form, the Attorney-in-Fact must submit all pages and provisions of the Grantor's Power of Attorney document.

CONTRACT/POLICY INFORMATION

Contract/Policy #: _____

Owner: _____ Insured: _____

GRANTOR INFORMATION

Name: _____
First Name Middle Name Last Name

Address: _____
Street City State Zip

ATTORNEY-IN-FACT INFORMATION

Name: _____
First Name Middle Name Last Name

Address: _____
Street City State Zip

Phone Number: _____

I, _____, the Attorney-in-Fact for _____ (Grantor), hereby declare, represent and certify to the companies listed above that:

1. Attached hereto is a true and accurate copy of the Power of Attorney dated _____ and granting me as Attorney-in-Fact, the power to conduct insurance and other financial transactions on behalf of Grantor.
2. To the best of my knowledge, the Grantor was competent at the time the Power of Attorney was executed.
3. The Power of Attorney remains in full force and effect and has not been withdrawn, amended, or revoked.
4. If the Power of Attorney was drafted to become effective upon the happening of an event or contingency, that event or contingency has occurred.
5. If I was named as a successor Attorney-in-Fact, the prior Attorney-in-Fact is no longer able or willing to serve.
6. The Grantor is still living as of the date hereof.

Signature of Attorney-in-Fact

Date