NASSAU

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

Regular Mail: PO Box 22012, Albany, NY 12201-2012
Express Mail: 15 Tech Valley Drive, Suite 201, East Greenbush, NY 12061-4142

Beneficiary Statement

Claim Number: _____

A. Insured Information

List ONLY the policies/contracts for which the beneficiary is making a claim.

_____ _____ _____

_____ _____ _____

Name of Deceased	Deceased's Social Security Number

Birthdate of Deceased	Deceased's Date of Death

Cause of Death	Manner
	☐ Natural/Illness ☐ Accidental ☐ Suicide ☐ Homicide

B. Beneficiary Information – Please print

Full Name of Individual, Entity, Corporation or Trust	Your Daytime Telephone Number	Date of Birth / Date of Trust	Your Sex
			☐ Male ☐ Female

Please supply Social Security Number if you are the Individual Beneficiary	**Please supply** Taxpayer Identification Number if this is a Trust, Estate, or Corporate Beneficiary

Your Physical Address (No., Street, City, State and ZIP Code - P.O. Box not accepted)

Mailing Address for Payment (No., Street, or P.O. Box, City, State and ZIP Code) **For Your Security**. If the payment is not being mailed to you at your residence address, please explain briefly why and advise to whom it is being mailed (for example; Mail to my PO Box, Mail to me in care of my child with whom I am staying, Mail to me in care of my attorney's office).

CERTIFICATION - Under penalties of perjury, I certify that:

1) the number shown on this form is my correct Social Security Number or taxpayer identification number, and
2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3) I am a U.S. citizen or other U.S. person (including a U.S. Resident Alien) as defined in the instructions to the IRS Form W-9, and
4) I am exempt from FATCA reporting (if applicable).

Certification Instructions: You must cross out item (2) if you have been notified by the IRS that you are currently subject to backup withholding because of under-reporting interest or dividends on your tax returns.

I am aware that if my taxpayer ID or Social Security Number is not supplied, the interest earned may be subject to federal or state withholding.

C. Policy Status (all policies should be returned unless they are lost)

If the policy/contract or policies/contracts cannot be located and are presumed lost, misplaced or destroyed, please complete this section.

Lost Policy/Contract Agreement

Policy/Contract Number(s) _____

Insured _____

The undersigned affirms that, except for the respective interests of the undersigned as shown on the Company's records, no other party has any interest in the policy's/contract's ownership rights or benefits, through assignment, transfer, pledge or encumbrance of any nature whatsoever.

The undersigned requests that the Company pay, without production of the lost policy/contract, the proceeds due as a result of the death of the insured.

The undersigned further requests that until the whereabouts of the lost policy/contract becomes known to the Company by written notice received at its Home Office, the Company will waive any requirements of the lost policy/contract that such policy/contract be delivered to the Company as a prerequisite to any transaction involving such policy/contract.

This form is not complete unless ALL THREE pages are Returned and page 3 must be dated and signed by the Beneficiary.

D. Fraud Statement

For Residents of Alaska and Oregon: A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete or misleading information may be prosecuted under state law.

For Residents of Arizona: For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

For Residents of California: For your protection, California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

For Residents of Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

For Residents of Delaware, Idaho, Indiana, and Oklahoma: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony.

For Residents of District of Columbia: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding an insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

For Residents of Florida: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

For Residents of Kentucky and Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

For Residents of Maine, Tennessee, Virginia, and Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

For Residents of Maryland, Rhode Island and West Virginia: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

For Residents of Minnesota: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

For Residents of New Hampshire: Any person who, with a purpose to injure, defraud, or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

For Residents of New Jersey: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

For Residents of New Mexico: 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 civil fines and criminal penalties.

For Residents of Ohio: Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement containing any false, incomplete, or misleading information is guilty of a felony.

For Residents of Puerto Rico: Any person who, knowingly and with intent to defraud, presents false information in an insurance request form, or who presents, helps or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine no less than five thousand (5,000) dollars nor more than ten thousand (10,000) dollars, or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years.

Notice for Residents of All Other States: 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 may be guilty of a crime and may be subject to fines and confinement in prison.

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E. Settlement Option

Beneficiaries receiving less than $5,000 will be paid with a single check. Beneficiaries receiving $5,000 or more have three settlement options:

1. **Concierge Account** - The Concierge Account offers a free and convenient way to access your money and earn interest, while you wait to make your next financial decision. With this option you will receive a checkbook, earn interest and have complete access to your money, at no additional cost. Please see the enclosed document for additional details on how this account can work for you.
2. **Payment Options** - Some contracts also offer additional options allowing you to receive your payment over time. If these options are offered with your contract, you will receive a summary containing options available to you.
3. **Payment in a single check.**

Please select one of the following options (If no option is selected, you will receive payment in a single check):

☐ Concierge Account
☐ Payment Option (please also list your specific payment option: _____)
☐ Payment in a single check

For Residents of New York: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

F. Signature Requirements

Full Name of Beneficiary (Individual, Entity, Corporation or Trust - Please print): _____

Signing in the capacity as:

☐ Individually named beneficiary ☐ Partner(s) ☐ Executor or Administrator of Estate (Attach a copy of the Court Appointment)

☐ Trustee(s) (Attach Certificate of Trust OL4388A) ☐ Officer _____
(List corporate title - include corporate resolution)

Name (Print First, Middle, Last)	Signature	Disinterested Witness Signature	Date (mm/dd/yyyy)

G. Additional Signature Requirements for Claim Amounts of $5 million or Greater - Notarization Required

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

STATE OF _____ COUNTY OF _____

On the ____ day of _____ in the year _____ before me, the undersigned, a Notary Public in and for said state. Personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose names(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacities and that by his/her/their signatures(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

(Notary Public) My commission expires: _____ **(Official Seal or Stamp)**

Signed Name: _____

Printed Name: _____

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