



Company is defined as indicated:
[] Nassau Life and Annuity Company
[] Nassau Life Insurance Company
[] PHL Variable Insurance Company

1. Have you flown during the past 3 years as a student pilot, pilot, crew member, or with any other duties aboard any aircraft in flight? If "NO", answer only questions 2c, 5 and 6. [] Yes [] No

Table with 3 main columns: A. Approximate Hours as Pilot and Co-Pilot, B. Approximate Hours as Crew Member, C. Approximate Hrs. as Passenger. Rows include: As student, Private aircraft, Company owned aircraft, Commercial airlines on schedule, Non-scheduled or chartered aircraft, As instructor, Testing, experimenting; crop dusting, helicopter glider, balloon, Military Aircraft, Any other flying (Explain in #11).

3. a. Date of first flight as pilot? c. Approximate hours of piloting experience since receiving private license?
b. Date of last flight as pilot? d. Type of license or certificate now held?

4. Have you ever held an airline transport (ATR), commercial pilot certificate, or instrument flight rating (IFR)? Yes No
5. a. Do you own or plan to own an aircraft? b. Have you flown in any capacity for a company, organization or individual owning an aircraft?
6. Have you ever made or do you contemplate making experimental, exhibition, test, record or demonstration flights?
7. Have you ever been in an aircraft accident?
8. Have you ever been grounded or had your license revoked for any reason?
9. Have you within the past two years, or do you contemplate flying outside the continental U.S. as a pilot or crew member?
10. Are you currently flying as a pilot or crew member in military planes? If "Yes", state: a. Branch of Service b. Your rank c. Duty assignment d. Type of military aircraft flown
11. DETAILS of "Yes" answers. Also explain above answers when necessary to describe type of flying or nature of exposure to any hazards of aviation.

I hereby declare that all the statements and answers to the above questions are complete and true to the best of my knowledge and belief and I agree that they shall form a part of my application for insurance.

Dated at _____ Date _____
CITY AND STATE

WITNESS PROPOSED INSURED SIGNATURE