



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)

PO Box 22012, Albany, NY 12201-2012

Request for Maturity Date Postponement

Annuitant	Contract Number
-----------	-----------------

The undersigned requests that the Maturity Date of the above referenced annuity contract be postponed until the maximum maturity date as outlined in the contract.

By signing below, the undersigned understands that postponing the maturity date does not postpone the distribution of any required minimum distribution amounts that may be required under the Federal Internal Revenue Code. The undersigned further understands that any such distributions shall fully be the responsibility of the undersigned, and made by written request.

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.

CURRENT Individual Owner

Current Owner (Print First, Middle, Last)	Preferred Phone # () -	Signature	Date (mm/dd/yyyy)
Current Joint Owner (Print First, Middle, Last)	Preferred Phone # () -	Signature	Date (mm/dd/yyyy)

CURRENT Non-Individual Owner - If the CURRENT OWNER is a NON-INDIVIDUAL, complete the following.

Full Name of Trust, Entity, Corporation or Other: _____

Date of Trust (if Trust owned) _____ Preferred Phone # () -

Signing in the capacity as: ☐ Trustee(s) ☐ Partner(s) ☐ Officer _____ (Attach Corporate Resolution)

☐ Other _____

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