



**NASSAU RE**

Nassau Life and Annuity Company  
Nassau Life Insurance Company  
PHL Variable Insurance Company  
Nassau Life and Annuity Insurance Company  
PO Box 22012, Albany, NY 12201-2012

**Change of Annuitant**

**Not all contracts allow the Owner to change the Annuitant. Please check your contract prior to submitting this request.**

Name of Existing Annuitant: _____	Contract Number _____
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I, \_\_\_\_\_ Contract Owner, am requesting that the Annuitant of this contract be  
Print Name of Owner  
changed to the following:

**ANNUITANT**

Name (Print as desired in contract): \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex  Male  Female

Address (Number and Street) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

**JOINT ANNUITANT (if any)**

Name (Print as desired in contract): \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex  Male  Female

Address (Number and Street) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

**The above annuitant designation shall revoke and supercede all designations made prior to the date of this form.**

Signed at \_\_\_\_\_ on \_\_\_\_\_  
City and State Date

Signature of Owner \_\_\_\_\_

Signature of Joint Owner (if any) \_\_\_\_\_

Recorded by: \_\_\_\_\_ on \_\_\_\_\_

**Complete ONLY if form is being modified after the original sign date.**

I CERTIFY that this form was modified by me, the Owner on \_\_\_ / \_\_\_ / \_\_\_/. Sign below (If Non-Individual, include the capacity in which you are signing). Signature: \_\_\_\_\_