



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

**Financial Questionnaire**

The following financial disclosures are for the purpose of establishing financial insurability in connection with this application for insurance.

**Section A: Proposed Insured Information**

Proposed Insured's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

	<u>Name</u>	<u>Phone Number</u>	<u>Length of Relationship</u>
1. References:	_____	_____	_____
2. Accountant	_____	_____	_____
3. Banking	_____	_____	_____
4. Attorney	_____	_____	_____
5. Other	_____	_____	_____

**Section B: Personal Insurance**

- Purpose of coverage: \_\_\_\_\_
- Is the policy in accordance with your insurance objectives and your anticipated financial needs?  Yes  No
- Please indicate the source of funds being used to make premium payments \_\_\_\_\_
- Amount of coverage currently in force (including any policies previously sold): \_\_\_\_\_
- Amount of coverage currently applied for at all carriers: \_\_\_\_\_
- Total amount of life insurance to be placed with all carriers: \_\_\_\_\_
- Amounts of coverage in force on your spouse: \_\_\_\_\_
- Amounts of coverage currently applied for on your spouse: \_\_\_\_\_
- Please explain how the amount of coverage was determined and why this amount of coverage is necessary.

**Section C: Income Statement**

	Last Year	Prior Year	
1. Annual salary	_____	_____	Describe Source: _____
2. Dividends, etc.	_____	_____	
3. Other Income	_____	_____	
Total	_____	_____	

**Section D: Estimated Net Worth**

<u>Assets</u>		<u>Liabilities</u>	
1. Cash	_____	11. Notes Payable	_____
2. Notes Receivable	_____	12. Accounts Payable	_____
3. Accounts Receivable	_____	13. Loans on Life Insurance	_____
4. Cash Value Life Insurance	_____	14. Taxes and Interest Due	_____
5. Real Estate	_____	15. Mortgages	_____
6. Business Holdings	_____	16. Other Liabilities	_____
7. Marketable Securities	_____	17. Total	_____
8. Personal Property	_____		
9. Other Assets	_____		
10. Total	_____	18. Net Worth	_____

For any asset amounts listed under real estate please complete the Real Estate section on page 3 of this form. For any asset amounts listed under business holdings, the Business Insurance section on page 2 must also be completed. Failure to fully complete these sections will result in these asset amounts not being included in the net worth calculation.

**Section E: Business Insurance**

This section is to be completed if the policy is owned by a business, the purpose of coverage is business needs or if business holdings were indicated in the Personal Coverage section of this form.

1. Name of company: \_\_\_\_\_  
 Corporation
2. Type of organization:  Partnership  
 Sole Proprietorship
3. Date established: \_\_\_\_\_
4. Nature of business: \_\_\_\_\_
5. Publicly traded:  Yes  No
6. Purpose of Business Insurance:  Key Person  Deferred Compensation  Buy/Sell  Other  
 Explain "Other" \_\_\_\_\_

7. Other business coverage in force:

Company	Amount	Purpose

8. If key person insurance, why is the person to be insured important to the company:  
 \_\_\_\_\_  
 \_\_\_\_\_

9. If buy/sell is there a written buy/sell agreement in effect?  Yes  No  
 If yes, how is the business being valued in the agreement? \_\_\_\_\_

10. If debt indemnification coverage:

Name of Debt Holder	Purpose of Loan	Amount

11. What percentage of the business do you own? \_\_\_\_\_

12. Are other corporate officers or partners being insured?  Yes  No

Names	% Ownership	Business Insurance In Force	Amount Currently Applied For

**Section F: Financial Details of the Business**

	Fiscal Year Ending Date: _____	Previous Year
1. Total Assets	_____	_____
2. Total Liabilities	_____	_____
3. Gross Sales of Revenue	_____	_____
4. Net Income (after taxes)	_____	_____
5. Fair Market value	_____	_____

6. How was the amount of coverage arrived at? \_\_\_\_\_  
 \_\_\_\_\_

**Section G: Personal or Business Bankruptcy**

Have you or any business in which you either directly or indirectly held an ownership interest greater than 10% been in bankruptcy?

If yes, please provide:  Yes  No

Type	Date	State Discharged

**Section H: Real Estate**

This section is to be completed if Real Estate holdings are indicated in the personal insurance section. Please provide the following details for each property:

Address	Structure of Ownership	Percent of Ownership

**Section I:**

By signing below, the undersigned declare and certify that the information contained in this Financial Questionnaire is true, correct and complete to the best of their knowledge, information and belief. The undersigned further declare that each of them understand, acknowledge and agree that the Company is relying on the information contained in this Financial Questionnaire in making its determination to issue the policy applied for and that the statements contained herein shall continue to be true, correct and complete as of the time of issuance and delivery of the policy. In the event that prior to issuance and delivery of the policy, the answers to any of the above questions are no longer true, accurate and correct, each of the undersigned confirms that they shall notify the Company immediately of such changed answers and that such notification shall occur prior to delivery of any policy.

<b>Proposed Insured Signature</b>	<b>State Signed In</b>	<b>Date</b>
<b>Owner's Signature (if other than Proposed Insured)</b>	<b>State Signed In</b>	<b>Date</b>

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud as determined by a court of competent jurisdiction. (Not applicable in AL, AR, DC, FL, LA, ME, MA, NJ, NM, NY, OH, OR, PA, TX, VA and WA.)

In AR and LA, any person who knowingly presents a false or fraudulent claim to payments 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 fines and confinement in prison.

In AL and DC, any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

In OH, any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an Insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.