



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)

Beneficiary Change

Contact Information

Mail completed form to:

Regular Mail: PO Box 758573, Topeka KS 66675-8573

Overnight Mail: 5801 SW 6th, Mail Zone – 573, Topeka, KS 66636-0001

Fax completed form to:

Nassau Service Center: (785)-368-1386

Phone:

Traditional Life: (800) 628-1936

Variable Life or Annuity: (800) 541-0171

Complete information helps us honor our promise to you.

We realize that we are asking for a lot of information and we would like you to know why. Usually, a long period of time elapses between the designation of a beneficiary and the payment of a death claim. During this time beneficiaries change address, children and grandchildren may be born, and many other changes can occur. Our commitment continues beyond the death of the insured to each of the named beneficiaries. To ensure that we meet our commitment, we use information such as date of birth and social security number to identify and/or locate each beneficiary to whom we owe payment.

Please help us ensure that your beneficiaries are paid as quickly and accurately as possible by providing us as much of the following information as possible on the accompanying form.

For each beneficiary we request the following information:

Full Name	Date of Birth	Social Security Number or Tax ID Number	Phone Number	Address
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Sample Designations:

♦ *One Beneficiary:*

Primary: Joan Smith **Relationship:** Spouse **Percentage:** 100%

♦ *One Primary Beneficiary and one Contingent Beneficiary:*

Primary: Joan Smith **Relationship:** Spouse **Percentage:** 100%

Contingent: . . . William B Smith **Relationship:** Father **Percentage:** 100%

♦ *Two Primary Beneficiaries, each getting a different amount:*

Primary: Joan Smith **Relationship:** Spouse **Percentage:** 75%

Primary: William B Smith **Relationship:** Father **Percentage:** 25%

♦ *Trust:*

Primary: . . . Patrick W Smith Irrevocable Trust Dated October 15, 1995, Richard Jones, Trustee

Relationship: Trust **Percentage:** 100%

♦ *A Minor Child under UTMA with nominated custodian:*

Primary: . . . Christine Smith under New York UTMA, Mary Smith as custodian

In order to comply with Office of Foreign Assets Control (OFAC) regulations the Company must obtain the full name of any beneficiaries of the Company policy, and cannot accept beneficiary designations such as “per stirpes”, “lawful/all my children”, “issue”, “descendants”.





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Regular Mail: PO Box 758573, Topeka KS 66675-8573
Express Mail: 5801 SW 6th, Mail Zone – 573, Topeka, KS 66636-0001

Designation of Beneficiary

Section 1 - Policy Information

Insured/Annuitant Name		Policy/Contract Number
Date of Birth	Telephone number	Social Security Number

Section 2 - Beneficiary Designation

I hereby designate the following as beneficiary(ies) to receive any death benefit that becomes payable under this policy/contract. Payment will be made to the beneficiaries that survive the insured, successively, in the following order:

- Primary Beneficiaries
- then Contingent Beneficiaries (If no Primary Beneficiary living at the death of the Insured)
- then The owner or owner's Estate (If no Contingent Beneficiary living at the death of the Insured)

I reserve the right to revoke or change any beneficiary designation in the future. I revoke any previous beneficiary designations and settlement agreements that apply to the amount payable under the policy/contract in the event of the death of the insured.

I understand that if community property or marital property law applies to my policy (Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, and Wisconsin) and I have not named my spouse as the sole beneficiary, my spouse may need to consent to the non-spouse designation. It is solely my responsibility to seek legal advice on questions regarding this designation for my policy. By submitting this form without spousal signature, I affirm that community property or marital property law does not apply to my policy and spousal consent is not required. In the event spousal consent is required, the Company is not liable for any consequences resulting from my failure to obtain proper consent.

FLORIDA RESIDENTS ONLY: You may not name your agent as your beneficiary unless and until you provide proof that your agent falls under the definition of "family members" as defined by Florida state law.

If applicable, (1) The Guarantee of the Death Benefit may terminate or (2) the Policy Protector Test may not be satisfied (and the Guaranteed Death Benefit and Policy Protector Benefit may terminate), if we determine at any time that a beneficiary or ownership designation has been procured in order to transfer ownership or any benefits under the policy to a third party without an insurable interest. Please refer to your policy for details.

Even if you are only adding/changing the Contingent Beneficiary, you must restate the Primary Beneficiary.

☐ Primary (Required)

✓ **Check one:**

- ☐ Equally
☐ _____ % per share

✓ **Check one:**

- ☐ Spouse
☐ Child
☐ Trust
☐ Other _____

Beneficiary Name

Social Security No. / Tax ID No.

Date of Birth / Date of Trust

Address

Telephone No.

Continued on next page.

Please **make a copy of the signed form** for your records as you will not receive confirmation of the change.



Section 2 - Beneficiary Designation - *continued*

Make a copy of the signed form for your records.

✓ Check one: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent ✓ Check one: <input type="checkbox"/> Equally <input type="checkbox"/> _____ % per share ✓ Check one: <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Trust <input type="checkbox"/> Other _____	_____ Beneficiary Name _____ Social Security No. / Tax ID No. _____ Date of Birth / Date of Trust _____ Address _____ Telephone No.
✓ Check one: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent ✓ Check one: <input type="checkbox"/> Equally <input type="checkbox"/> _____ % per share ✓ Check one: <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Trust <input type="checkbox"/> Other _____	_____ Beneficiary Name _____ Social Security No. / Tax ID No. _____ Date of Birth / Date of Trust _____ Address _____ Telephone No.
✓ Check one: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent ✓ Check one: <input type="checkbox"/> Equally <input type="checkbox"/> _____ % per share ✓ Check one: <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Trust <input type="checkbox"/> Other _____	_____ Beneficiary Name _____ Social Security No. / Tax ID No. _____ Date of Birth / Date of Trust _____ Address _____ Telephone No.

If any additional pages/attachments are needed to complete this change, please sign, date and provide the policy number on each page.

Continued on next page.

Please **make a copy of the signed form** for your records as you will not receive confirmation of the change.



Policy/Contract Number _____

I understand that if I am married and reside in a community property or marital property state and have not named my spouse as the sole beneficiary, my spouse’s signature may be required for some changes to this policy. I will refer to my specific state rules for signature requirements. It is my responsibility to seek legal counsel with questions regarding this designation. Should spousal consent be required, the Company is not liable for any consequences resulting from my failure to obtain proper consent.

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.

Section 3 - Signatures and Date

CURRENT Individual Owner

If the CURRENT OWNER is a INDIVIDUAL, complete the following. If you reside in Massachusetts, a signature of a Disinterested Witness **MUST** be obtained.

Owner Name (Print First, Middle, Last)	Signature	Disinterested Witness Signature	State Signed In	Date (mm/dd/yyyy)
Owner Name (Print First, Middle, Last) <i>(or Spouse, only if community property)</i>	Signature <i>(or Spouse, only if community property)</i>	Disinterested Witness Signature	State Signed In	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 _____

Signing in the capacity as: ☐ Trustee(s) ☐ Partner(s) ☐ Officer (List Title) _____

(Attach Corporate Resolution)

☐ Other _____

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

The updated beneficiary designation will be available for review at www.nfg.com within 10 days of receipt of your request.

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: _____