



NASSAU

Nassau Life and Annuity Company
Nassau Life Insurance Company
PHL Variable Insurance Company
Nassau Life and Annuity Insurance Company

Telephone/Electronic Authorization Quick Reference

Attached is the form you requested. In order for your request to be processed in a timely manner, the **sections referenced below must be completed on the accompanying form.**

Section A	<ul style="list-style-type: none">• Contract/Policy Number• Owner's Name
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Section B	Check the one box in this section which indicates who you authorize to submit Telephone/Electronic instructions for your contract or policy. You also have the option of restricting all Telephone and Electronic transactions if you wish.
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Section C	<p>Signature requirements are based on the owner designation of the policy/contract. Examples are:</p> <ul style="list-style-type: none">• Individual: Print and sign your full name as it appears on the policy/contract.• Multiple Owners: <u>All</u> owners must sign.• Partnership: <u>All</u> partners must sign (unless a form authorizing one partner to sign is on file with us).• Corporation: Titled officer must sign. The officer's title must also be indicated. <i>NOTE: In general, the insured/annuitant should not sign as officer. We ask that an additional titled officer sign if the signing officer is effecting a change for his or her personal benefit.</i>• Trust: The current trustee(s) must sign and indicate "Trustee" after each signature. <p><i>All forms must be dated in order to process your request.</i></p>
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Contact Information	<table><tr><td>Delivery<ul style="list-style-type: none">• U. S. Mail: PO Box 758573 Topeka, KS 66675-8573• Shipping: 5801 SW 6th, Mail Zone-573 Topeka, KS 66636-0001</td><td>Phone (800) 541-0171</td><td>FAX • (785) 368-1386</td></tr></table>	Delivery <ul style="list-style-type: none">• U. S. Mail: PO Box 758573 Topeka, KS 66675-8573• Shipping: 5801 SW 6th, Mail Zone-573 Topeka, KS 66636-0001	Phone (800) 541-0171	FAX • (785) 368-1386
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PO Box 758573, Topeka, KS 66675-8573

Telephone/Electronic Authorization

A. Account Information

Contract/Policy Number	Owner's Name (Please Print)
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B. Authorization

The Company (Note: As used in this form, the word Company means the company that issued this contract) unless instructed otherwise below, is hereby authorized to act upon Telephone/Electronic instructions from any person(s) associated with the above-referenced contract/policy who can furnish proper identification.

These instructions supersede any previously given by the Owner.

The undersigned authorizes the Company to act upon instructions received from the following:

- ☐ The Owner **only**
- ☐ The Financial Representative of record **and** Owner
- ☐ No, I do not wish to have Telephone/Electronic Privilege. I understand that electronic privileges include Web transactions and that I will therefore be unable to process investment option transfers on www.nfg.com*. I will authorize all transactions by submitting a Change Authorization form to: Nassau Variable Products Mail Operation, PO Box 758573, Topeka, KS 66675-8573.

* Telephone/Electronic Authorization not required for accessing account values on www.nfg.com; however, additional registration is required for web site access.

C. Signature/Date

Telephone/Electronic Transactions are subject to the terms and provisions in the prospectus, including the provision that the Company will not be liable for any loss, injury or damage incurred as a result of acting upon, and neither will it be responsible for the authenticity of, any telephone/electronic instructions.

The Company reserves the right to discontinue the Telephone/Electronic Authorization Privilege. If the privilege is discontinued, you will be notified in writing at the address last on file with Variable Products Operations.

Owner's Signature _____

Date _____

