



NASSAU

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)

**Designation of
Individual Owner(s)
Quick Reference**

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

Section 1 - Policy/Insured Information - Complete all requested information.

- ☐ Complete Policy/Contract Number information.
- ☐ Print Insured Name(s) or Annuitant Name(s), Date of Birth(s), Social Security Number(s), Address information.

Section 2 - Ownership Change - Complete all requested information.

- ☐ Complete NEW Owner's Address and residency.

Section 3 - Premium Payment Information - Complete ONLY if the premium will be paid by someone other than the Owner or Insured.

- ☐ Complete questions 3a - 3c.

Section 4 - Signature requirements are based on the CURRENT owner designation.

- ☐ Sign and date form (required for all applicable parties).
 - Single Owner: Print and sign the full name.
 - Multiple Owners: All owners must sign.
 - Trust: The current trustee(s) must sign.
 - Partnership: All partners must sign (unless a Partner Authorization Form - OL4363 is received or on file with the Company).
 - Corporation: Titled Officer must sign. The company's Corporate Resolution must accompany this request.
NOTE: In general, the insured/annuitant should not sign as an officer. The Company requests that an additional titled officer sign if the signing officer is effecting a change for his/her personal benefit.
 - Sole Proprietorship: Print and sign full name.
 - Pension Plan: Attach Pension Plan form - PT352.
- ☐ Document the state signed in.
- ☐ Date the signature.

**If you reside in Massachusetts, you must obtain a signature of a Disinterested Witness.
If you have any questions, please contact us toll free at (800) 628-1936.**





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

Designation of Individual Owner(s)

Print and use black ink or type information.

Section 1 - Policy/Insured Information

Policy/Contract Number			
Insured/Annuitant Name		Date of Birth (mm/dd/yyyy)	Social Security Number
Street Address (include Apt. or Suite #)		City	State ZIP Code

Section 2 - New Owner

New Owner Address

Street Address (include Apt. or Suite #)		City	State	ZIP Code
Do any Owner(s) reside outside of the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", provide details.				

Ownership Type

The ownership designation of each of the above numbered policies shall be changed so that the new owner shall be as shown below: Ownership rights shall be exercised by all primary owners, jointly, or survivors, while living and after their death by all contingent owners, jointly, while living. The final owner shall become the owner after death of all other owners herein designated.

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.

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.

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.

☐ A - Single Owner

To name a new beneficiary please use form OL122A.

Primary Owner Name (First, Middle, Last)	Preferred Phone #	Social Security No./Tax ID	Date of Birth (mm/dd/yyyy)	Relationship to Insured(s)
Contingent Owner Name (First, Middle, Last)	Preferred Phone #	Social Security No./Tax ID	Date of Birth (mm/dd/yyyy)	Relationship to Insured(s)

If no Primary or Contingent Owner is living, the Owner will be the: ☐ Insured ☐ Estate of Survivor If **nothing** checked final owner shall be defined by the terms of the policy/contract.

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: _____



☐ **B - Multiple Owners**

Will the NEW Owner(s) also be the beneficiary? ☐ Yes ☐ No (If "Yes", all previous beneficiary designations will be revoked. To name a beneficiary other than the owners please use form OL122A).

Co-Owner Name (First, Middle, Last)	Preferred Phone #	Social Security No./Tax ID	Date of Birth (mm/dd/yyyy)	Relationship to Insured(s)
Co-Owner Name (First, Middle, Last)	Preferred Phone #	Social Security No./Tax ID	Date of Birth (mm/dd/yyyy)	Relationship to Insured(s)
Co-Owner Name (First, Middle, Last)	Preferred Phone #	Social Security No./Tax ID	Date of Birth (mm/dd/yyyy)	Relationship to Insured(s)
Co-Owner Name (First, Middle, Last)	Preferred Phone #	Social Security No./Tax ID	Date of Birth (mm/dd/yyyy)	Relationship to Insured(s)

If no Primary or Contingent Owner is living, the Owner will be the: ☐ Insured ☐ Estate of Survivor If **nothing** checked final owner shall be defined by the terms of the policy/contract.

I am aware that there may be tax consequences resulting from this transaction. Under penalty of perjury, I certify that:

- 1) the number shown on this form is my correct Social Security Number(s) or taxpayer identification number, and
- 2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- 3) I am a U.S. citizen or other U.S person (including a U.S. Resident Alien) as defined in the instructions to the IRS Form W-9, and
- 4) I am exempt from FATCA reporting (if applicable).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

IMPORTANT INFORMATION ABOUT NEW CUSTOMER IDENTIFICATION PROCEDURES
The USA PATRIOT Act requires financial institutions to obtain, verify, and maintain information that identifies each person who opens a new account or is added to an existing account with the Company. To meet this Federal obligation the Company will ask individuals for their name, address, date of birth, including a driver's license or other government issued identification that will allow us to verify their identity. For certain entities, such as trusts, estates, corporations, partnerships, or other organizations, identifying documentation is also required. For both individuals and legal entities, the Company may include the use of third party sources to verify the information provided.

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.

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: _____



Section 3 - Premium Payment Information

Complete **ONLY** if premium will be paid by someone other than the Owner or Insured. Our records will be updated to ensure proper application of policy payments. This does not change existing EFT transactions.

a. Premium Payor Name (print exactly as it will appear on all future wires and/ or checks)					
b. Payor Street Address (include Suite #)				City	State ZIP Code
c. Check ONE of the following which best describes the relationship between the owner and Premium Payor name as identified above.					
<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Power of Attorney <input type="checkbox"/> Trustee (Individual) <input type="checkbox"/> Trustee (Institutional) <input type="checkbox"/> Grantor <input type="checkbox"/> Premium Financing company <input type="checkbox"/> Corporation (school, hospital, etc) <input type="checkbox"/> Other (details) _____					

Section 4 - CURRENT Signatures

This section **MUST** be completed in its entirety.

CURRENT Individual Owner

If you reside in Massachusetts, a signature of a Disinterested Witness **MUST** be obtained.

Current Owner (Print First, Middle, Last)	Preferred Phone #	Signature	Disinterested Witness Signature	State Signed In	Date (mm/dd/yyyy)
Current Joint Owner (Print First, Middle, Last) (or Spouse, only if community property)	Preferred Phone #	Signature	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 (if Trust owned) _____		Preferred Phone # _____			
Signing in the capacity as: <input type="checkbox"/> Trustee(s) <input type="checkbox"/> Partner(s) <input type="checkbox"/> Officer (List Title) _____					
(Attach Corporate Resolution)					
<input type="checkbox"/> 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)	

Section 5 - NEW Signatures

This section **MUST** be completed in its entirety.

NEW Owner

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)

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: _____

