



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 a Non-Individual
Owner and Beneficiary
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 and Beneficiary Change - Complete all requested information.

- ☐ Complete NEW Owner and Beneficiary's Address and residency.

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

- ☐ Complete questions 3a - 3c in their entirety.

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 officer's title must also be indicated and 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.

Section 5 - Signature requirements are based on the NEW owner designation.

- ☐ Sign and date form (required for all applicable parties).
 - 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 officer's title must also be indicated and 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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PHL Variable Insurance Company (the Company)
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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 a Non-Individual Owner and Beneficiary

Print and use black ink or type information.

Section 1 - Policy/Insured Information

Complete policy and insured information for an individual.

Policy/Contract Number		
Insured/Annuitant Name	Date of Birth (mm/dd/yyyy)	Social Security Number

Section 2 - New Owner and Beneficiary

New Owner and Beneficiary's 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

Check **ONE** of the following ownership types (A-D) to change the owner and beneficiary and complete the selected section. Upon completion of the checked section proceed to Section 3.

The ownership and beneficiary designation of each of the above numbered policies shall be changed so that the new owner and beneficiary shall be as shown below:

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 - Partnership

List all partners and Tax ID used for tax reporting purposes. If there is a general partner, complete **Partnership Authorization Form (OL4363)**.

Name of Partnership	Preferred Phone #	Tax ID
Name(s) of All Partner(s) (First, Middle, Last)	Name(s) of All Partner(s) (First, Middle, Last)	
Name(s) of All Partner(s) (First, Middle, Last)	Name(s) of All Partner(s) (First, Middle, Last)	

☐ B - Corporation

Attach **Corporate Resolution**.

Name of Corporation	Type of Corporation (check one) <input type="checkbox"/> C Corp <input type="checkbox"/> Close Corp <input type="checkbox"/> LLC <input type="checkbox"/> S Corp		
Tax ID	Contact Name (First, Middle, Last)	Preferred Phone #	

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: _____



Policy/Contract Number _____

☐ **C - Sole Proprietorship**

Name of Sole Proprietor/Entity (First, Middle, Last)	Preferred Phone #	Social Security No./Tax ID
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☐ **D - Pension Plan**

Attach **Pension Plan Form** (PT352).

Name of Pension Plan	Tax ID
Name of Trustee (First, Middle, Last)	Preferred Phone #

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 new Owner's Social Security Number(s) or taxpayer identification number, and
- 2) the new Owner is not subject to backup withholding because: (a) the new Owner is exempt from backup withholding, or (b) the new Owner has not been notified by the Internal Revenue Service (IRS) that the new Owner is subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified the new Owner that the new Owner is no longer subject to backup withholding, and
- 3) the new Owner is 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) the new Owner is 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.

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"/> Grantor <input type="checkbox"/> Trustee (Individual) <input type="checkbox"/> Trustee (Institutional) <input type="checkbox"/> Premium Financing company <input type="checkbox"/> Corporation (school, hospital, etc) <input type="checkbox"/> Other (details) _____			

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 4 - CURRENT Signatures

If the CURRENT OWNER is an INDIVIDUAL, complete the following.

CURRENT Individual OwnerIf 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) _____ <div style="text-align: right;">(Attach Corporate Resolution)</div> <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**NEW Non-Individual Owner**

Full Name of Entity/Corporation: _____				
Signing in the capacity as: <input type="checkbox"/> Partner <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Pension Trustee <input type="checkbox"/> Other _____ <input type="checkbox"/> Officer (List title) _____ <div style="text-align: right;">(Attach Corporate Resolution)</div>				
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: _____

