



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

## Broker Dealer Transfer Form

### Please select the type of transfer:

- ☐ External Change of Agent (Complete Section I - Requires Client Signature **OR** Releasing/Accepting Signature)
- ☐ Internal Change of Agent within Corporation (Complete Section II - Requires Office Manager Signature)
- ☐ External Block Transfer (Complete Section III - Requires Client(s) Signature **OR** Releasing/Accepting Signature)
- ☐ Internal Block Transfer within Corporation (Complete Section IV - Requires Office Manager Signature)

### Section I - External Change of Agent

Former Broker Dealer	New Broker Dealer	Contract Number(s)	
Former Agent of Record	New Agent of Record	New Agent Code	
New Agent Address (City, State, ZIP Code)		Social Security Number	
Client Name	Social Security Number	Issue State	Client Signature
Releasing B/D Signature		Accepting B/D Signature	
Split Agents		Percent	

### Section II - Internal Change of Agent

Former Agent of Record	New Agent of Record	New Agent Code	
Address (City, State, ZIP Code)		Social Security Number	
Client Name	Social Security Number	Issue State	Office Manager Signature
Contract Number(s)			
Split Agents		Percent	

### Section III - External Block Transfer

Former Broker Dealer	New Broker Dealer	Former Agent Active?*	
Former Agent of Record	New Agent of Record	New Agent Code	
Address (City, State, ZIP Code)		Social Security Number	
Releasing B/D Signature	Confirm**	Accepting B/D Signature	

### Section IV - Internal Block Transfer

Former Agent of Record	New Agent of Record	New Agent Code	
Address (City, State, ZIP Code)		Social Security Number	
Manager Signature	Confirm**	Former Agent Active?*	

\* For Former Agent Active block; if former agent is no longer with company please add "TERM" in block, leave blank if agent is active.

\*\* For agent Confirm block, Select YES or NO for Confirmation, if Yes fill out second form.

Return Form(s) for Processing to:

**Nassau**  
**Distribution Relationship Service**  
**PO Box 758573**  
**Topeka, KS 66675-8573**

**Phone: 1-800-628-1936**  
**Fax To: 1-785-368-1412**





## Block Transfer Confirmation

- |                     |                   |           |
|---------------------|-------------------|-----------|
| Agency Phone Number | Agency Fax Number | Attention |
|---------------------|-------------------|-----------|

Date	Processed By	Status
Policy(s) Moved	Date Moved	Comments

