

Contact Information

Mail completed form to:
Regular Mail: PO Box 19052, Greenville, SC 29602-9052
Overnight Mail: 2000 Wade Hampton Blvd., Greenville, SC 29615-1037

Fax completed form to:
 (800) 483-7992

Phone:
 (800) 426-1005

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”.



Nassau Life and Annuity Company (the Company)
 Nassau Life Insurance Company (the Company)
 PHL Variable Insurance Company (the Company)
 Regular Mail: PO Box 19052, Greenville, SC 29602-9052
 Express Mail: 2000 Wade Hampton Blvd., Greenville, SC 29615-1037

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 I reside in a community property or marital property state and have not named my spouse as the sole beneficiary, my spouse may need to consent to the non-spouse designation. 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.

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.

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 during the life of the policy 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.

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

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

<p><input checked="" type="checkbox"/> Check one: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Check one: <input type="checkbox"/> Equally <input type="checkbox"/> _____ % per share</p> <p><input checked="" type="checkbox"/> Check one: <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Trust <input type="checkbox"/> Other _____</p>	<p>Beneficiary Name _____</p> <p>Social Security No. / Tax ID No. _____ Date of Birth / Date of Trust _____</p> <p>Address _____</p> <p>Telephone No. _____</p>
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<p><input checked="" type="checkbox"/> Check one: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Check one: <input type="checkbox"/> Equally <input type="checkbox"/> _____ % per share</p> <p><input checked="" type="checkbox"/> Check one: <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Trust <input type="checkbox"/> Other _____</p>	<p>Beneficiary Name _____</p> <p>Social Security No. / Tax ID No. _____ Date of Birth / Date of Trust _____</p> <p>Address _____</p> <p>Telephone No. _____</p>
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If any additional pages/attachments are needed to complete this change, please sign, date and provide the policy number on each page.

Section 3 - Signatures and Date

CURRENT Individual Owner

If the CURRENT OWNER is an 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)	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 _____

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.nsre.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: _____