



Nassau Life and Annuity Company (the Company)  
Nassau Life Insurance Company (the Company)  
PHL Variable Insurance Company (the Company)

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

### 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

### 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) 426-1005.**



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 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 beneficiary 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.

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.

**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.

**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.

**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 \_\_\_\_\_

I am aware that there may be tax consequences resulting from this transaction. Under penalty of perjury, I certify that my correct Social Security/ Tax Payer Identification number is shown on this form.

**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.  
 Spouse  Child  Power of Attorney  Trustee (Individual)  Trustee (Institutional)  Grantor  Premium Financing company  
 Corporation (school, hospital, etc)  Other (details) \_\_\_\_\_

**Section 4 - CURRENT Signatures** This section **MUST** be completed in its entirety.

**CURRENT Individual Owner**

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)	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:  Trustee(s)  Partner(s)  Officer (List Title) \_\_\_\_\_  
 Other \_\_\_\_\_ **(Attach Corporate Resolution)**

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**

New Owner (Print First, Middle, Last)	Signature	Disinterested Witness Signature	State Signed In	Date (mm/dd/yyyy)
New Owner (Print First, Middle, Last)	Signature	Disinterested Witness Signature	State Signed In	Date (mm/dd/yyyy)
New Owner (Print First, Middle, Last)	Signature	Disinterested Witness Signature	State Signed In	Date (mm/dd/yyyy)
New Owner (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: \_\_\_\_\_**