



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

Designation of a Non-Individual Owner and Beneficiary **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 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) 426-1005.**



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**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 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 - 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 # () -

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 # () -

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: _____

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. (If Corporation indicate the name and title of the Officer).

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 Grantor Trustee (Individual) Trustee (Institutional) Premium Financing company
 Corporation (school, hospital, etc) Other (details) _____

Section 4 - CURRENT Signatures

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

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) _____
(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)

Section 5 - NEW Signatures

NEW Non-Individual Owner

Full Name of Entity/Corporation: _____
 Signing in the capacity as: Partner Sole Proprietor Pension Trustee Other _____
 Officer (List title) _____
(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)

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: _____