



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

**Designation of Trust 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 - Owner and Beneficiary Change to a Trust

Complete all requested information.

- Complete Trust information.
- Sign and date form (All trustees must sign).
- Document the state signed in.
- Date the signature.

Section 3 - Premium Payment Information

Complete all requested information.

- 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 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 Trust Owner and Beneficiary

Express Mail: 2000 Wade Hampton Blvd., Greenville, SC 29615-1037

Section 1 - Policy/Insured Information

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

Section 2 - Owner and Beneficiary Change to a Trust

Mailing Address for Trust

Street Address (include Apt. or Suite #)	City	State	ZIP Code
Does the Grantor, Trustee, or any Trust beneficiary reside outside of the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", provide details.			

The ownership and beneficiary designation 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.

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.

This change is not effective unless accompanied by a complete Certification and Acknowledgement of Trust Agreement (OL4132A).

Name(s) of Trust(s)			
Trust Tax ID	Date of Trust (mm/dd/yyyy)		
Name of Individual Trustee (First, Middle, Last)		Name of Individual Trustee (First, Middle, Last)	
Name of Individual Trustee (First, Middle, Last)		Name of Individual Trustee (First, Middle, Last)	
Trustee Signature	Disinterested Witness Signature	State Signed In	Date (mm/dd/yyyy)
Trustee Signature	Disinterested Witness Signature	State Signed In	Date (mm/dd/yyyy)
Trustee Signature	Disinterested Witness Signature	State Signed In	Date (mm/dd/yyyy)
Trustee Signature	Disinterested Witness Signature	State Signed In	Date (mm/dd/yyyy)
Name of Corporate Trustee	Corporate Trustee Signature		Date (mm/dd/yyyy)
Print Officer's Name	Title of an Officer (Must attach Corporate Resolution)		

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).

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 _____

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.

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.

Section 3 - Premium Payment Information

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.

Insured Policy or Contract Owner Spouse

Child Power of Attorney Trustee (Individual)

Trustee (Institutional) Grantor 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 _____
(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)

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: _____