



NASSAU RE

Nassau Life and Annuity Company (the Company)
Nassau Life Insurance Company (the Company)
PHL Variable Insurance Company (the Company)
PO Box 19052, Greenville, SC 29602-9052

Supplement To Application Part 1

Full Name of Proposed Insured _____

Complete **either** Section A **or** Section B

Section A

Complete this section to apply for non-smoker rates **only**.

The following statement is made as an inducement to the Company to issue an insurance contract:

I do not now smoke cigarettes nor have I smoked any cigarettes for at least the past twelve months.

DATE SIGNATURE OF PROPOSED INSURED

The above statements are correct to the best of my knowledge and belief.

DATE SIGNATURE OF AGENT

AGENCY

Section B

Complete this section to apply for non-smoker rates **and** never smoke risk classification.

The following statements are made as an inducement to the Company to issue an insurance contract:

I do not now smoke cigarettes nor have I smoked any cigarettes for at least the past twelve months.

I have not used tobacco in any form for at least the past 15 years.

DATE SIGNATURE OF PROPOSED INSURED

The above statements are correct to the best of my knowledge and belief.

DATE SIGNATURE OF AGENT

AGENCY