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In order for your request to be processed in a timely manner, the **sections referenced below must be completed on the accompanying form.**

Section A	<ul style="list-style-type: none"> <li>• Name of Annuitant or Insured</li> <li>• Contract / Policy Number</li> </ul>
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Section B	Check the appropriate box in this section for Owner, Annuitant, Insured, Assignee or Duplicate Notice Recipient. Include the Name, Address and Telephone.
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Section C	<p>Ownership signature requirements are based on the owner designation of the contract/policy numbers. Examples are:</p> <ul style="list-style-type: none"> <li>• <b>Individual:</b> Print and sign your full name as it appears on the contract/policy.</li> <li>• <b>Multiple Owners:</b> <u>All</u> owners must sign.</li> <li>• <b>Collateral Assignee:</b> Assignee(s) must sign in addition to the owner on the Owner signature lines and indicate "Collateral Assignee".</li> <li>• <b>Partnership:</b> <u>All</u> partners must sign (unless a form authorizing one partner to sign is on file with us).</li> <li>• <b>Trust:</b> All of the current trustees must sign.</li> <li>• <b>Corporation:</b> Titled officer must sign. The officer's title must also be indicated.</li> </ul> <p>NOTE: In general, the annuitant/insured should not sign as officer. We ask an additional titled officer sign if the signing officer is effecting a change for his or her personal benefit.</p> <p style="text-align: center;"><b><i>Form must be signed and dated in order to process your request.</i></b></p>
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Contact Information	<p><b>Regular Mail:</b> PO Box 19052 Greenville, SC 29602-9052</p> <p><b>Overnight Mail:</b> 2000 Wade Hampton Blvd. Greenville, SC 29615-1037</p>	<p><b>Phone:</b> (800) 426-1005</p>	<p><b>FAX:</b> (800) 483-7992</p>
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**NASSAU RE**

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

**Address Change**

**A. Annuitant or Insured Information**

Name of Annuitant or Insured	Contract / Policy Number
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**B. Change of Address**

I, \_\_\_\_\_ Contract Policy Owner, am requesting the following address change:  
(Print Name of Owner)

Change address for (check one):  Owner  Annuitant  Insured  Assignee  Duplicate Notice Recipient

Name \_\_\_\_\_  
(Print)

Address \_\_\_\_\_  
(Number and Street)

\_\_\_\_\_  
(City) (State) (ZIP Code)

Telephone \_\_\_\_\_  
(Home - include area code) (Work - include area code)

**C. Signature and Date**

Signed at \_\_\_\_\_ on \_\_\_\_\_  
(City and State) (Date)

Signature of Owner \_\_\_\_\_

Signature of Joint Owner (if any) \_\_\_\_\_

**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: \_\_\_\_\_