



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 Policy/Contract Number information.
- Print Insured Name(s) or Annuitant Name(s).

Section 2 - Trust Information

- Complete Trust information.

Section 3 - Representations and Signatures

- Complete question 1.
- Review question 3 and check box if applicable.
- Sign form (all trustees must sign).
- Document the state signed in.
- Date the signature.



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

Regular Mail: PO Box 19052, Greenville, SC 29602-9052

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

**Certification and Acknowledgement
 of Trust Agreement**

Section 1 - Insured Information

Policy/Contract Number	1. Insured/Annuitant Name (First, Middle, Last)
2. Insured/Annuitant Name (First, Middle, Last)	3. Insured/Annuitant Name (First, Middle, Last)
4. Insured/Annuitant Name (First, Middle, Last)	5. Insured/Annuitant Name (First, Middle, Last)

Section 2 - Trust Information

The following **must be** completed.

Name of Trust		Trust Tax ID	Trust Date (mm/dd/yyyy)
Name of Grantor/Settlor (First, Middle, Last)	Preferred Phone #: ()	Social Security No./Tax ID	Date of Birth (mm/dd/yyyy)
Mailing Street Address of Trust (include Apartment or Suite #)		City	State ZIP Code
Name of Trustee (First, Middle, Last)	Social Security No./Tax ID (Last 4 digits)	Date of Birth (mm/dd/yyyy)	Preferred Phone #: ()
Name of Trustee (First, Middle, Last)	Social Security No./Tax ID (Last 4 digits)	Date of Birth (mm/dd/yyyy)	Preferred Phone #: ()
Name of Trustee (First, Middle, Last)	Social Security No./Tax ID (Last 4 digits)	Date of Birth (mm/dd/yyyy)	Preferred Phone #: ()

Section 3 - Representations and Signatures

If Corporate Trustee, the Company **requires** a Corporate Resolution.

The undersigned Trustee(s) hereby represents, declares, and acknowledges that:

- The Trust is revocable and in full force and effect.
 irrevocable and in full force and effect.
- The Insurer is entitled to recognize the Trustees as having all ownership rights in the Policy/Contract, including, but not limited to, the right to surrender the Policy/Contract, borrow from the Policy, or assign ownership rights in the Policy/Contract. If there is more than one trustee, the signatures of all trustees will be required in the exercise of policy rights, unless written evidence to the contrary is provided to the Company.
- Optional Certification: By checking this box , the Trustees certify that the Company may require only **one trustee signature in the exercise of policy rights.**
- The Insurer is not responsible for inquiring into the terms of the Trust and shall not be charged with knowledge of its provisions.
- The Insurer may rely on the signature of the Trustees in the exercise of any Policy/Contract rights hereunder and is fully discharged from any liability as the result of such reliance.
- The Insurer reserves the right to require the Trustees to provide a copy of the trust agreement for any reason the Insurer may determine.
- The Trustees signing below certify that they are all the Trustees of the trust.

Signature of all Trustees (Please print and sign with title)	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: _____