



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

Partnership Authorization

Insured Information

Policy Number(s):	Name of Insured(s) (First, Middle, Last)	Tax ID
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Authorization

We hereby authorize the following partner(s) to sign on behalf of the Partnership for any dealings with the above numbered policies, including, but not limited to, cash surrender, cash loans, dividend transactions, changes of beneficiary and changes of ownership.

The undersigned hereby authorizes _____
 (Name of General Partner)

to sign on behalf of _____
 (Name of Partnership)

Signatures

We hereby certify that _____ has applied for the above policy(s) and that the firm consists of
 Name of Partnership
 the following general partners and that there are no other general partners of the firm as printed below. The undersigned hereby agree to protect the Company from any loss it may suffer as the result of it's reliance upon this authorization.

Signed at _____ on this date _____
 State (mm/dd/yyyy)

Partner Name (Print First, Middle, Last)	Partner Signature	Date (mm/dd/yyyy)

This authorization shall remain in effect until revoked in writing.

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: _____