



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

## Release of Assignment **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 - Statement of Release

Complete all requested information.

- Complete Policy/Contract Number information.
- Print Insured/Annuitant(s) Name and Date of Release.

### Section 2 - Assignee Authorization

- Print full name of Individual/Non-Individual Entity.
- Sign and date form (required for all applicable parties).
  - All Assignees must sign.

#### Non-Individual Entity

- 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.

- Notary required** (The Company will not process the release without a Notary Public).



**Section 1. Statement of Release**

For value received, all right, title and interest of the undersigned assignee(s) in and to the Company;

policy number \_\_\_\_\_ on the life of \_\_\_\_\_

is hereby relinquished and released this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

**Section 2. Assignee Authorization**

If the Assignee is an **Individual**:

Print full name of Individual: \_\_\_\_\_

Individual Assignee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If the Assignee is a **Non-Individual** Entity: (Attach Corporate Resolution, if applicable)

Print full name of Entity: \_\_\_\_\_

Print full name and title of  
Duly Authorized Officer/Partner(s)/Trustee(s) of Entity: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

} ss: AFFIDAVIT

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Then personally appeared \_\_\_\_\_ and \_\_\_\_\_  
known to me to be the \_\_\_\_\_ and \_\_\_\_\_  
respectively of the \_\_\_\_\_

on this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, who acknowledged the foregoing instrument to be \_\_\_\_\_ free act and deed.

My commission expires \_\_\_\_\_

Notary Public

Nassau Life and Annuity Company  
Nassau Life Insurance Company  
PHL Variable Insurance Company

**Home Office Use Only**

Received at the Home Office on \_\_\_\_\_, Recorded by \_\_\_\_\_

Authorized Signature

Nassau Life and Annuity Company  
Nassau Life Insurance Company  
PHL Variable Insurance Company