NASSAU RE

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

Disclosure Authorization for Release of Policy/Contract Information

Quick Reference

Contact Information

Mail completed form to:
Regular Mail: PO Box 22012, Albany, NY 12201-2012
Overnight Mail: 15 Tech Valley Drive, Suite 201, East Greenbush, NY 12061-4142

Fax completed form to:
Traditional Life: (321) 400-6318
Variable Life: (321) 400-6316
Annuity: (321) 400-6317

Phone:
Traditional Life: (800) 628-1936
Variable Life or Annuity: (800) 541-0171

Section 1 - Required Fields

- Policy/Contract Number(s)
- Insured/Annuitant Name(s)
- Identification Code - will confirm identity of the Authorized Party
- Nature of Information
- Signature(s) of Owner(s)
- Signing Date

Section 2 - Required Fields

Signature requirements are based on the owner designation of the policy/contract. Examples are:

- **Individual Owner**: Print and sign your full name as it appears on the policy/contract.
- **Multiple Owners**: All owners must sign.
- **Partnership**: All partners must sign (unless Form OL4363 authorizing one partner to sign is on file with us).
- **Corporation**: Titled officer must sign. The company name and officer's title must also be indicated.

  NOTE: In general, the insured/annuitant should not sign as officer. We ask that an additional titled officer sign if the signing officer is effecting a change for his or her personal benefit.
- **Trust**: The current trustee(s) must sign. The name and full date of the trust must also be indicated.

*All **forms must be dated** in order to process your request.*

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Disclosure Authorization for Release of Policy/Contract Information

Section 1 - Release Information

Regarding the following policy/contract number(s), I authorize the Company to release the non-medical information specified below to the individual or company. This is not an authorization to conduct policy/contract transactions on my behalf.

Policy / Contract Number(s)	Insured / Annuitant Name(s)	Policy / Contract Number(s)	Insured / Annuitant Name(s)

Information may be provided by the Customer Care Center to the following individual or company:

Name of Authorized Party	REQUIRED - Passcode (We will use this code to confirm the identity of the authorized party)

The above named is an ☐ Advisor, ☐ Insurance Institution or ☐ Insurance Service Organization.

The nature of the information to be disclosed is as follows: (If nothing checked, the section will default to Account Values.)

☐ **ALL** Non-medical Information

OR one or more of the following specific types of non-medical information

- ☐ Title/Registration - owner/beneficiary designation, collateral assignment
- ☐ Billing - premium amount/frequency, type of billing
- ☐ Account Values - cash value, taxable gain, death benefit
- ☐ Illustrations - projected values based on hypothetical scenarios

Note: This form does not grant the authorized party the right to receive correspondence normally sent to the owner, such as bills, annual statements, notices regarding lapse of the policy and other notices. In order for duplicate notices to be sent to the authorized party, the owner must submit a signed and dated letter of instruction specifically requesting that duplicate notices be sent to the authorized party and providing their address.

Section 2 - Signature(s)

This authorization is valid for three (3) years from the date signed.
This authorization may be revoked at any time upon written request from the owner.
This form revokes any prior authority given to this authorized party.

Owner

If the OWNER is an INDIVIDUAL, complete the following.

Owner (Print First, Middle, Last)	Signature	Witness Signature	State Signed In	Date (mm/dd/yyyy)
Joint Owner (Print First, Middle, Last)	Signature	Witness Signature	State Signed In	Date (mm/dd/yyyy)

Non-Individual Owner

If the OWNER is a NON-INDIVIDUAL, complete the following.

Full Name of Trust, Entity, Corporation or Other: _____

Date of Trust _____

Signing in the capacity as:

☐ Trustee ☐ Partner ☐ Officer _____ ☐ Other _____

(Attach Corporate Resolution)

Name (Print First, Middle, Last)	Signature	Witness Signature	State Signed In	Date (mm/dd/yyyy)
Name (Print First, Middle, Last)	Signature	Witness Signature	State Signed In	Date (mm/dd/yyyy)
Name (Print First, Middle, Last)	Signature	Witness Signature	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: _____