



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)

Dividends to Pay Premiums Authorization

(to apply dividends to pay balance of premium becoming due by release of paid-up additions)

Policy Number	Insured's Name
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The Company is hereby directed and authorized as follows:

1. The Paid-up Additions Purchase Option Rider, if active on this policy, shall be cancelled as of the next anniversary of the policy date.
2. While this authorization is in effect, any dividends apportioned to the above captioned policy will be applied to purchase paid-up additions.
3. While this authorization is in effect the premium method shall be annual and the policy will have the Automatic Premium Loan provision operative.
4. To the extent payment is not otherwise received by the company within the grace days of the policy anniversary, the balance of any premium becoming due shall automatically be paid as it becomes due by release and surrender of any paid-up additions then standing to the credit of the policy.
5. Any such release and surrender shall be binding on all present and subsequent policyowners, assigns and beneficiaries under the policy.
6. This authorization shall be of a continuing nature and will remain in force until cancelled by written request filed at the Company's Home Office or until your paid-up additions balance is insufficient to pay your premium, whichever comes first.

I have read the above and understand that certain assumptions are employed in the Dividends to Pay Premiums concept and certain actions by the policyholder are contemplated. I understand that any variance from the transactions contemplated (i.e., policy loans, change in dividend method, surrender of paid-up additions not contemplated), or assumptions (i.e., interest rates, dividend projections) will affect the results shown in the illustration which I received. I understand that premiums continue to be due and that the policy will lapse if premiums are not paid.

Signed at _____ on _____
 (City and State) (Date)

Witness _____ Owner _____

Assignee _____