



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)

**Designation of a Non-Individual  
 Owner and Beneficiary  
 Quick Reference**

**Contact Information**

**Mail** completed form to:

**Regular Mail:** PO Box 22012, Albany, NY 12201-2012

**Overnight Mail:** 15 Tech Valley Dr., 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 - Policy/Insured Information - Complete all requested information.**

- Complete Policy/Contract Number information.
- Print Insured Name(s) or Annuitant Name(s), Date of Birth(s), Social Security Number(s), Address information.

**Section 2 - Ownership and Beneficiary Change - Complete all requested information.**

- Complete NEW Owner and Beneficiary's Address and residency.

**Section 3 - Premium Payment Information - Complete ONLY if the premium will be paid by someone else other than the Owner.**

- Complete questions 3a - 3c in their entirety.

**Section 4 - Signature requirements are based on the CURRENT owner designation.**

- Sign and date form (required for all applicable parties).
  - Single Owner: Print and sign the full name.
  - Multiple Owners: All owners must sign.
  - 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.
  - Pension Plan: Attach Pension Plan form - PT352.
- Document the state signed in.
- Date the signature.

**Section 5 - Signature requirements are based on the NEW owner designation.**

- Sign and date form (required for all applicable parties).
  - 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.
  - Pension Plan: Attach Pension Plan form - PT352.
- Document the state signed in.
- Date the signature.

**If you reside in Massachusetts, you must obtain a signature of a Disinterested Witness.  
 If you have any questions, please contact us toll free at (800) 628-1936.**



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**Designation of a Non-Individual  
 Owner and Beneficiary**

Print and use black ink or type information.

**Section 1 - Policy/Insured Information**

Complete policy and insured information for an individual.

Policy/Contract Number		
Insured/Annuitant Name	Date of Birth (mm/dd/yyyy)	Social Security Number

**Section 2 - New Owner and Beneficiary**

**New Owner and Beneficiary's Address**

Street Address (include Apt. or Suite #)	City	State	ZIP Code
Do any Owner(s) reside outside of the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", provide details.			

**Ownership Type**

Check **ONE** of the following ownership types (A-D) to change the owner and beneficiary and complete the selected section. Upon completion of the checked section proceed to Section 3.

The ownership and beneficiary designation of each of the above numbered policies shall be changed so that the new owner and beneficiary shall be as shown below:

**FLORIDA RESIDENTS ONLY:** You may not name your agent as your beneficiary unless and until you provide proof that your agent falls under the definition of "family members" as defined by Florida state law.

I understand that if I reside in a community property or marital property state and have not named my spouse as the sole beneficiary, my spouse may need to consent to the non-spouse beneficiary designation. It is my responsibility to seek legal counsel with questions regarding this designation. Should spousal consent be required, the Company is not liable for any consequences resulting from my failure to obtain proper consent.

The Policy Protector Test may not be satisfied (and the Guaranteed Death Benefit and Policy Protector Benefit may terminate) if we determine at any time during the life of the policy that a beneficiary or ownership designation has been procured in order to transfer ownership or any benefits under the policy to a third party without an insurable interest. Please refer to your policy for details.

**A - Partnership**

List all partners and Tax ID used for tax reporting purposes. If there is a general partner, complete **Partnership Authorization Form (OL4363)**.

Name of Partnership	Preferred Phone # ( ) -	Tax ID
Name(s) of All Partner(s) (First, Middle, Last)	Name(s) of All Partner(s) (First, Middle, Last)	
Name(s) of All Partner(s) (First, Middle, Last)	Name(s) of All Partner(s) (First, Middle, Last)	

**B - Corporation**

Attach **Corporate Resolution**.

Name of Corporation	Type of Corporation (check one) <input type="checkbox"/> C Corp <input type="checkbox"/> Close Corp <input type="checkbox"/> LLC <input type="checkbox"/> S Corp
Tax ID	Contact Name (First, Middle, Last) Preferred Phone # ( ) -

**C - Sole Proprietorship**

Name of Sole Proprietor/Entity (First, Middle, Last)	Preferred Phone # ( ) -	Social Security No./Tax ID
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**D - Pension Plan**

Attach **Pension Plan Form (PT352)**.

Name of Pension Plan	Tax ID
Name of Trustee (First, Middle, Last)	Preferred Phone # ( ) -

**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:** \_\_\_\_\_

I am aware that there may be tax consequences resulting from this transaction. Under penalty of perjury, I certify that my correct Social Security / Tax Payer Identification number is shown on this form. (If Corporation indicate the name and title of the Officer).

**IMPORTANT INFORMATION ABOUT NEW CUSTOMER IDENTIFICATION PROCEDURES**

The USA PATRIOT Act requires financial institutions to obtain, verify, and maintain information that identifies each person who opens a new account or is added to an existing account with the Company. To meet this Federal obligation the Company will ask individuals for their name, address, date of birth, including a driver's license or other government issued identification that will allow us to verify their identity. For certain entities, such as trusts, estates, corporations, partnerships, or other organizations, identifying documentation is also required. For both individuals and legal entities, the Company may include the use of third party sources to verify the information provided.

**Section 3 - Premium Payment Information**

Complete ONLY if premium will be paid by someone other than the Owner or Insured. Our records will be updated to ensure proper application of policy payments. This does not change existing EFT transactions.

a. Premium Payor Name (print exactly as it will appear on all future wires and/ or checks)

b. Payor Street Address (include Suite #) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

c. Check **ONE** of the following which best describes the relationship between the owner and Premium Payor name as identified above.  
 Spouse  Child  Power of Attorney  Grantor  Trustee (Individual)  Trustee (Institutional)  Premium Financing company  
 Corporation (school, hospital, etc)  Other (details) \_\_\_\_\_

**Section 4 - CURRENT Signatures**

If the CURRENT OWNER is an INDIVIDUAL, complete the following.

**CURRENT Individual Owner**

Current Owner (Print First, Middle, Last)	Preferred Phone # ( ) -	Signature	Disinterested Witness Signature	State Signed In	Date (mm/dd/yyyy)
Current Joint Owner (Print First, Middle, Last)	Preferred Phone # ( ) -	Signature	Disinterested Witness Signature	State Signed In	Date (mm/dd/yyyy)

**CURRENT Non-Individual Owner**

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

Full Name of Trust, Entity, Corporation or Other: \_\_\_\_\_  
 Date of Trust (if Trust owned) \_\_\_\_\_ Preferred Phone # ( ) - \_\_\_\_\_

Signing in the capacity as:  Trustee(s)  Partner(s)  Officer (List title) \_\_\_\_\_  
**(Attach Corporate Resolution)**  
 Other \_\_\_\_\_

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

**Section 5 - NEW Signatures**

**NEW Non-Individual Owner**

Full Name of Entity/Corporation: \_\_\_\_\_  
 Signing in the capacity as:  Partner  Sole Proprietor  Pension Trustee  Other \_\_\_\_\_  
 Officer (List title) \_\_\_\_\_  
**(Attach Corporate Resolution)**

Name (Print First, Middle, Last)	Signature	Disinterested Witness Signature	State Signed In	Date (mm/dd/yyyy)
Name (Print First, Middle, Last)	Signature	Disinterested Witness Signature	State Signed In	Date (mm/dd/yyyy)
Name (Print First, Middle, Last)	Signature	Disinterested 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: \_\_\_\_\_**