



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)

**Partnership Authorization**

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

Overnight Mail: 15 Tech Valley Drive, Suite 201, East Greenbush, NY 12061-4142

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