



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)

## Collateral Assignee Affidavit

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

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

The below-named Affiant, being first duly sworn, deposes and says:

1. \_\_\_\_\_ (the "Assignee") is the holder of an interest in policy  
\_\_\_\_\_ on the life of \_\_\_\_\_  
(the "Policy") pursuant to a collateral assignment dated \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (the "Collateral Assignment").
2. Upon the death of the insured, the amount to which the Assignee is entitled under the Collateral Assignment, and which is payable out of the death benefit provided by the Policy is the sum of \$\_\_\_\_\_.
3. The beneficiary or beneficiaries of the Policy have signed this affidavit to acknowledge their agreement with the amount claimed by the Collateral Assignee.

\_\_\_\_\_  
Affiant (Signature)

\_\_\_\_\_  
Affiant (List Corporate Title - include corporate resolution)

\_\_\_\_\_  
Address of Affiant

STATE OF \_\_\_\_\_ }  
COUNTY OF \_\_\_\_\_ } SS \_\_\_\_\_

On the \_\_\_\_ day of \_\_\_\_\_ in the year 20\_\_\_\_ before me, the undersigned, a Notary Public in and for said state. Personally appeared \_\_\_\_\_, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose names(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacities and that by his/her/their signatures(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

**(Notary Public)** My commission expires: \_\_\_\_\_

**(Official Seal or Stamp)**

Signed Name: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Signatures of Beneficiaries, for the purpose expressed above, being to acknowledge their agreement with the amount claimed by the Collateral Assignee in the amount of \$\_\_\_\_\_:

Full Name of Beneficiary (Entity, Corporation or Trust - Please print): \_\_\_\_\_

Signing in the capacity as:

☐ Individual(s)      ☐ Partner(s)      ☐ Trustee(s) (Attach Certificate of Trust OL4388A)

☐ Officer \_\_\_\_\_  
(List corporate title - include corporate resolution)

_____ Name (Print First, Middle, Last)	_____ Signature	_____ Date (mm/dd/yyyy)
_____ Name (Print First, Middle, Last)	_____ Signature	_____ Date (mm/dd/yyyy)
_____ Name (Print First, Middle, Last)	_____ Signature	_____ Date (mm/dd/yyyy)
_____ Name (Print First, Middle, Last)	_____ Signature	_____ Date (mm/dd/yyyy)

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_ } SS \_\_\_\_\_

On the \_\_\_\_\_ day of \_\_\_\_\_ in the year 20\_\_\_\_ before me, the undersigned, a Notary Public in and for said state.

Personally appeared: \_\_\_\_\_,

Personally appeared: \_\_\_\_\_,

Personally appeared: \_\_\_\_\_,

Personally appeared: \_\_\_\_\_,

personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose names(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacities and that by his/her/their signatures(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

**(Notary Public)** My commission expires: \_\_\_\_\_

**(Official Seal or Stamp)**

Signed Name: \_\_\_\_\_

Printed Name: \_\_\_\_\_