



Please visit www.nsre.com to obtain service forms, register to view account information, print a current statement or learn more about the Company products and services. It's convenient and easily accessible anytime, day or night.

In order for your request to be processed in a timely manner, the **sections referenced below must be completed on the accompanying form.**

Section A	<ul style="list-style-type: none"> • Name of Annuitant or Insured • Contract / Policy Number
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Section B	Check the appropriate box in this section for Owner, Annuitant, Insured, Assignee or Duplicate Notice Recipient. Include the Name, Address and Telephone.
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Section C	<p>Ownership signature requirements are based on the owner designation of the contract/policy numbers. Examples are:</p> <ul style="list-style-type: none"> • Individual: Print and sign your full name as it appears on the contract/policy. • Multiple Owners: <u>All</u> owners must sign. • Collateral Assignee: Assignee(s) must sign in addition to the owner on the Owner signature lines and indicate "Collateral Assignee". • Partnership: <u>All</u> partners must sign (unless a form authorizing one partner to sign is on file with us). • Trust: All of the current trustees must sign. • Corporation: Titled officer must sign. The officer's title must also be indicated. <p>NOTE: In general, the annuitant/insured should not sign as officer. We ask an additional titled officer sign if the signing officer is effecting a change for his or her personal benefit.</p> <p style="text-align: center;"><i>Form must be signed and dated in order to process your request.</i></p>
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Contact Information	<p>Regular Mail: PO Box 19052 Greenville, SC 29602-9052</p> <p>Overnight Mail: 2000 Wade Hampton Blvd. Greenville, SC 29615-1037</p>	<p>Phone: (800) 426-1005</p>	<p>FAX: (800) 483-7992</p>
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NASSAU RE

Nassau Life and Annuity Company
Nassau Life Insurance Company
PHL Variable Insurance Company
PO Box 19052, Greenville, SC 29602-9052

Address Change

A. Annuitant or Insured Information

Name of Annuitant or Insured	Contract / Policy Number
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B. Change of Address

I, _____ Contract Policy Owner, am requesting the following address change:
(Print Name of Owner)

Change address for (check one): Owner Annuitant Insured Assignee Duplicate Notice Recipient

Name _____
(Print)

Address _____
(Number and Street)

(City) (State) (ZIP Code)

Telephone _____
(Home - include area code) (Work - include area code)

C. Signature and Date

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

Signature of Owner _____

Signature of Joint Owner (if any) _____