



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)

Release of Assignment **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 - Statement of Release

Complete all requested information.

- ☐ Complete Policy/Contract Number information.
- ☐ Print Insured/Annuitant(s) Name and Date of Release.

Section 2 - Assignee Authorization

- ☐ Print full name of Individual/Non-Individual Entity.
- ☐ Sign and date form (required for all applicable parties).
 - All Assignees must sign.

Non-Individual Entity

- 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.

- ☐ **Notary required** (The Company will not process the release without a Notary Public).



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Release of Assignment

Section 1. Statement of Release

For value received, all right, title and interest of the undersigned assignee(s) in and to the Company;

policy number _____ on the life of _____

is hereby relinquished and released this _____ day of _____, 20_____.

Section 2. Assignee Authorization

If the Assignee is an **Individual**:

Print full name of Individual: _____

Individual Assignee Signature: _____ Date: _____

Witness Signature: _____ Date: _____

If the Assignee is a **Non-Individual** Entity: (Attach Corporate Resolution, if applicable)

Print full name of Entity: _____

Print full name and title of
Duly Authorized Officer/Partner(s)/Trustee(s) of Entity: _____

Authorized Signature: _____ Date: _____

Witness Signature: _____ Date: _____

} ss: AFFIDAVIT

STATE OF _____

COUNTY OF _____

Then personally appeared _____ and _____

known to me to be the _____ and _____

respectively of the _____

on this _____ day of _____, 20_____, who acknowledged the foregoing instrument to be _____ free act and deed.

My commission expires _____

Notary Public

Nassau Life and Annuity Company
Nassau Life Insurance Company
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Home Office Use Only

Received at the Home Office on _____, Recorded by _____
Authorized Signature

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