NASSAU

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)

Certificate for Cash Loan

Contact Information

Mail completed form to:
Regular Mail: PO Box 22012, Albany, NY 12201-2012
Overnight Mail: 15 Tech Valley Drive Suite 201
East Greenbush, NY 12061-4142

Fax completed form to: (321) 400-6318

Phone: (800) 628-1936

Attached is the form you requested. In order for your request to be processed in a timely manner, the **sections below must be completed, signed, and dated.**

A. Policy Information

Policy Number	Daytime Phone Number (Include area code)

Insured Name(s): Please print full name

B. Loan Type

Check one loan option.

- ☐ Request a policy loan for: $ _____
- ☐ Maximum loan including dividends.
- ☐ Maximum loan NOT including dividends.

The undersigned hereby borrows the amount specified from the above Company, under the loan provisions of the above numbered policy(ies). Said policy is hereby assigned to said Company as sole security for this loan. Such loan shall bear interest at the rate specified in said policy. The interest shall be payable annually on each anniversary of said policy(ies).

It is expressly represented and warranted that no other person or firm or corporation has any interest in said policy except the undersigned, that no proceedings in insolvency or bankruptcy have been instituted or are pending against the undersigned, and, if a business entity, the action requested by the undersigned has been duly authorized pursuant to applicable state law and the undersigned's governing documents.

C. Method of Distribution (complete only if policy has a Collateral Assignment)

The undersigned hereby agree that said loan shall be payable as follows. (Check **ONE** only. If nothing is checked, option (1) will apply.)

- (1) ☐ Jointly to the owner and assignee.
- (2) ☐ Solely to the owner.
- (3) ☐ Solely to the assignee.

NY RESIDENTS ONLY

Please check one of the following boxes (If none checked, we will assume the transaction related to this request was not based on a recommendation).

- ☐ The transaction related to this request was not based on a recommendation by my insurance producer.
- ☐ The transaction related to this request was based on a recommendation by my insurance producer. I have been informed of the relevant features of this transaction and the potential consequences of this request, both favorable and unfavorable.

For your protection, California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

D. Signature and Date

Policy Owner(s)

Print full name of owner(s): _____

Owner's signature: _____ Date: _____

Joint owner's signature: _____ Date: _____

Trust Owned (Verification of trust required if not on file.)

Print full name of trust including date of trust: _____

Print full name of trustee(s): _____ Date: _____

Trustee signature(s): _____ Date: _____

_____ Date: _____

Entity Owned (Corporate resolution required if not on file.)

Print full name of Company: _____

Print full name and title of authorized signee: _____

Authorized signature: _____ Date: _____

Collateral Assignee (Corporate resolution required if not on file.)

Print full name of collateral assignee: _____

Print full name and title of authorized signee: _____

Authorized signature: _____ Date: _____

For your protection, the Company requires an original signature guarantee for any transaction $100,000.00 or greater, if there has been an address change in the last 30 days, or the proceeds are sent to a different address. Signature Guarantees such as the Medallion Signature Guarantee Stamp or the Signature Validation Program Stamp can be obtained at most banks. COPIES NOT ACCEPTED.

I CERTIFY that _____,
Name of person(s) who appeared

whose identity is known or was proven to me, personally appeared before me on the _____ day of _____ 20_____.

(OFFICIAL STAMP OR SEAL)

ACCEPTABLE CERTIFICATIONS:

Medallion Signature Guarantee Stamp
or
Signature Validation Program Stamp