NASSAU

Nassau Life and Annuity Company (the Company)
Nassau Life Insurance Company (the Company)
PHL Variable Insurance Compny (the Company)
PO Box 9698
Providence, RI 02940-9942

Designation of Beneficiary

Section 1 - Policy Information

Accountholder Name	Account Number
Date of Birth	Social Security Number

Section 2 - Beneficiary Designation

I hereby designate the following as beneficiary(ies) to receive any death benefit that becomes payable under this policy/contract. Payment will be made to the beneficiaries that survive the insured, successively, in the following order:

- Primary Beneficiaries
- then Contingent Beneficiaries (If no Primary Beneficiary living at my death)
- then The accountholder or accountholder's Estate (If no Contingent Beneficiary living at my death)

I reserve the right to revoke or change any beneficiary designation in the future. I revoke any previous beneficiary designations.

I understand that if community property or marital property law applies to my policy (Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, and Wisconsin) and I have not named my spouse as the sole beneficiary, my spouse may need to consent to the non-spouse designation. It is solely my responsibility to seek legal advice on questions regarding this designation for my policy. By submitting this form without spousal signature, I affirm that community property or marital property law does not apply to my policy and spousal consent is not required. In the event spousal consent is required, the Company is not liable for any consequences resulting from my failure to obtain proper consent.

FLORIDA RESIDENTS ONLY: You may not name your agent as your beneficiary unless and until you provide proof that your agent falls under the definition of "family members" as defined by Florida state law.

√ **Check one:**
- ☐ Primary
- ☐ Contingent

√ **Check one:**
- ☐ Equally
- ☐ _____ % per share

√ **Check one:**
- ☐ Spouse
- ☐ Child
- ☐ Trust
- ☐ Other _____

Beneficiary Name

Social Security No. / Tax ID No. | Date of Birth / Date of Trust

Address

Telephone No.

√ **Check one:**
- ☐ Primary
- ☐ Contingent

√ **Check one:**
- ☐ Equally
- ☐ _____ % per share

√ **Check one:**
- ☐ Spouse
- ☐ Child
- ☐ Trust
- ☐ Other _____

Beneficiary Name

Social Security No. / Tax ID No. | Date of Birth / Date of Trust

Address

Telephone No.

Continued on next page.

Please **make a copy of the signed form** for your records as you will not receive confirmation of the change.

Section 2 - Beneficiary Designation - *continued*

Make a copy of the signed form for your records.

✓ **Check one:**
☐ Primary
☐ Contingent

✓ **Check one:**
☐ Equally
☐ _____ % per share

✓ **Check one:**
☐ Spouse
☐ Child
☐ Trust
☐ Other _____

Beneficiary Name

Social Security No. / Tax ID No.

Date of Birth / Date of Trust

Address

Telephone No.

✓ **Check one:**
☐ Primary
☐ Contingent

✓ **Check one:**
☐ Equally
☐ _____ % per share

✓ **Check one:**
☐ Spouse
☐ Child
☐ Trust
☐ Other _____

Beneficiary Name

Social Security No. / Tax ID No.

Date of Birth / Date of Trust

Address

Telephone No.

If any additional pages/attachments are needed to complete this change, please sign, date and provide the account number on each page.

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.

Section 3 - Signatures and Date

CURRENT Individual Accountholder

If the CURRENT ACCOUNTHOLDER is an INDIVIDUAL, complete the following. If you reside in Massachusetts, a signature of a Disinterested Witness **MUST** be obtained.

Accountholder Name (Print First, Middle, Last) *(or Spouse, only if community property)*	Signature *(or Spouse, only if community property)*	Disinterested Witness Signature	State Signed In	Date (mm/dd/yyyy)

CURRENT Non-Individual Accountholder

If the CURRENT ACCOUNTHOLDER is a NON-INDIVIDUAL, complete the following.

Full Name of Trust, Entity, Corporation or Other: _____ Date of Trust _____

Signing in the capacity as: ☐ Trustee(s) ☐ Partner(s) ☐ Officer (List Title) _____
(Attach Corporate Resolution)

☐ Other _____

Name (Print First, Middle, Last)	Signature	Disinterested Witness Signature	State Signed In	Date (mm/dd/yyyy)