



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)

Designation of Trust Owner and Beneficiary **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 - Policy/Insured Information

Complete all requested information.

- ☐ Complete Policy/Contract Number information.
- ☐ Print Insured Name(s) or Annuitant Name(s), Date of Birth(s), Social Security Number(s), Address information.

Section 2 - Owner and Beneficiary Change to a Trust

Complete all requested information.

- ☐ Complete Trust information.
- ☐ Sign and date form (All trustees must sign).
- ☐ Document the state signed in.
- ☐ Date the signature.

Section 3 - Premium Payment Information

Complete all requested information.

- ☐ Complete questions 3a - 3c.

Section 4 - Signature requirements are based on the CURRENT owner designation.

- ☐ Sign and date form (required for all applicable parties).
 - Single Owner: Print and sign the full name.
 - Multiple Owners: All owners must sign.
 - 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.
 - Pension Plan: Attach Pension Plan form - PT352.
- ☐ Document the state signed in.
- ☐ Date the signature.

**If you reside in Massachusetts, you must obtain a signature of a Disinterested Witness.
If you have any questions, please contact us toll free at (800) 628-1936.**



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Designation of Trust Owner and Beneficiary

Section 1 - Policy/Insured Information

Policy/Contract Number		
Insured/Annuitant Name	Date of Birth (mm/dd/yyyy)	Social Security Number

Section 2 - Owner and Beneficiary Change to a Trust

Mailing Address for Trust

Street Address (include Apt. or Suite #)	City	State	ZIP Code
Does the Grantor, Trustee, or any Trust beneficiary reside outside of the U.S.? ☐ Yes ☐ No If "Yes", provide details.			

The ownership and beneficiary designation shall be changed so that the new owner and beneficiary shall be as shown below.

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.

If applicable, (1) The Guarantee of the Death Benefit may terminate or (2) the Policy Protector Test may not be satisfied (and the Guaranteed Death Benefit and Policy Protector Benefit may terminate), if we determine at any time that a beneficiary or ownership designation has been procured in order to transfer ownership or any benefits under the policy to a third party without an insurable interest. Please refer to your policy for details.

This change is not effective unless accompanied by a complete Certification and Acknowledgement of Trust Agreement (OL4132A).

Name(s) of Trust(s)			
Trust Tax ID		Date of Trust (mm/dd/yyyy)	
Name of Individual Trustee (First, Middle, Last)		Name of Individual Trustee (First, Middle, Last)	
Name of Individual Trustee (First, Middle, Last)		Name of Individual Trustee (First, Middle, Last)	
Trustee Signature	Disinterested Witness Signature	State Signed In	Date (mm/dd/yyyy)
Trustee Signature	Disinterested Witness Signature	State Signed In	Date (mm/dd/yyyy)
Trustee Signature	Disinterested Witness Signature	State Signed In	Date (mm/dd/yyyy)
Trustee Signature	Disinterested Witness Signature	State Signed In	Date (mm/dd/yyyy)
Name of Corporate Trustee	Corporate Trustee Signature		Date (mm/dd/yyyy)
Print Officer's Name	Title of an Officer (Must attach Corporate Resolution)		

Complete ONLY if form is being modified after the original sign date.

I CERTIFY that this form was modified by me, the Owner on ____/ ____/ ____/. Sign below (If Non-Individual, include the capacity in which you are signing). Signature: _____

Policy/Contract Number _____

Under penalty of perjury, the Trustee(s) certify that:

- 1) the number shown on this form is the Trust's correct taxpayer identification number, and
- 2) the Trust is not subject to withholding because: (a) the Trust is exempt from backup withholding, or (b) the Trust has not been notified by the Internal Revenue Service (IRS) that it is subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified the Trust that it is no longer subject to backup withholding, and
- 3) the Trust is a U.S. citizen or other U.S. person (including a U.S. Resident Alien) as defined in the instructions to the IRS Form W-9, and
- 4) the Trust is exempt from FATCA reporting (if applicable).

Certificate Instructions: You must cross out item (2) above if you have been notified by the IRS that you are currently subject to backup withholding because you failed to report all interest and dividends on your tax return.

IMPORTANT INFORMATION ABOUT NEW CUSTOMER IDENTIFICATION PROCEDURES

The USA PATRIOT Act requires financial institutions to obtain, verify, and maintain information that identifies each person who opens a new account or is added to an existing account with the Company. To meet this Federal obligation the Company will ask individuals for their name, address, date of birth, including a driver's license or other government issued identification that will allow us to verify their identity. For certain entities, such as trusts, estates, corporations, partnerships, or other organizations, identifying documentation is also required. For both individuals and legal entities, the Company may include the use of third party sources to verify the information provided.

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.

Section 3 - Premium Payment Information

a. Premium Payor Name (print exactly as it will appear on all future wires and/ or checks)

b. Payor Street Address (include Suite #)	City	State	ZIP Code
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c. Check **ONE** of the following which best describes the relationship between the owner and Premium Payor name as identified above.

- | | | |
|--|---|--|
| ☐ Insured | ☐ Policy or Contract Owner | ☐ Spouse |
| ☐ Child | ☐ Power of Attorney | ☐ Trustee (Individual) |
| ☐ Trustee (Institutional) | ☐ Grantor | ☐ Premium Financing company |
| ☐ Corporation (school, hospital, etc) | | |
| ☐ Other (details) _____ | | |

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 4 - CURRENT Signatures

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

CURRENT Individual Owner

Current Owner (Print First, Middle, Last)	Preferred Phone # () -	Signature	Disinterested Witness Signature	State Signed In	Date (mm/dd/yyyy)
Current Joint Owner (Print First, Middle, Last)	Preferred Phone # () -	Signature	Disinterested Witness Signature	State Signed In	Date (mm/dd/yyyy)

Complete ONLY if form is being modified after the original sign date.

I CERTIFY that this form was modified by me, the Owner on ____/ ____/ ____/. Sign below (If Non-Individual, include the capacity in which you are signing). Signature: _____

CURRENT Non-Individual Owner

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

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

Date of Trust (if Trust owned) _____ Preferred Phone # () - _____

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

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

Complete ONLY if form is being modified after the original sign date.**I CERTIFY that this form was modified by me, the Owner on ____/ ____/ ____/. Sign below (If Non-Individual, include the capacity in which you are signing). Signature: _____**



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Certification and Acknowledgement of Trust Agreement *Quick Reference*

Contact Information

Mail completed form to:

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Annuity: (321) 400-6317

Phone:

Traditional Life: (800) 628-1936

Variable Life or Annuity: (800) 541-0171

Section 1 - Policy/Insured Information

- ☐ Complete Policy/Contract Number information.
- ☐ Print Insured Name(s) or Annuitant Name(s).

Section 2 - Trust Information

- ☐ Complete Trust information.

Section 3 - Representations and Signatures

- ☐ Complete question 1.
- ☐ Review question 3 and check box if applicable.
- ☐ Sign form (all trustees must sign).
- ☐ Document the state signed in.
- ☐ Date the signature.



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Certification and Acknowledgement of Trust Agreement

Section 1 - Insured Information

Policy/Contract Number	1. Insured/Annuitant Name (First, Middle, Last)
2. Insured/Annuitant Name (First, Middle, Last)	3. Insured/Annuitant Name (First, Middle, Last)
4. Insured/Annuitant Name (First, Middle, Last)	5. Insured/Annuitant Name (First, Middle, Last)

Section 2 - Trust Information

The following **must be** completed.

Name of Trust		Trust Tax ID	Trust Date (mm/dd/yyyy)
Name of Grantor/Settlor (First, Middle, Last)	Preferred Phone #: ()	Social Security No./Tax ID	Date of Birth (mm/dd/yyyy)
Mailing Street Address of Trust (include Apartment or Suite #)		City	State ZIP Code
Name of Trustee (First, Middle, Last)	Social Security No./Tax ID (Last 4 digits)	Date of Birth (mm/dd/yyyy)	Preferred Phone #: ()
Name of Trustee (First, Middle, Last)	Social Security No./Tax ID (Last 4 digits)	Date of Birth (mm/dd/yyyy)	Preferred Phone #: ()
Name of Trustee (First, Middle, Last)	Social Security No./Tax ID (Last 4 digits)	Date of Birth (mm/dd/yyyy)	Preferred Phone #: ()

Section 3 - Representations and Signatures

If Corporate Trustee, the Company **requires** a Corporate Resolution.

The undersigned Trustee(s) hereby represents, declares, and acknowledges that:

- The Trust is ☐ revocable and in full force and effect.
☐ irrevocable and in full force and effect.
- The Insurer is entitled to recognize the Trustees as having all ownership rights in the Policy/Contract, including, but not limited to, the right to surrender the Policy/Contract, borrow from the Policy, or assign ownership rights in the Policy/Contract. If there is more than one trustee, the signatures of all trustees will be required in the exercise of policy rights, unless written evidence to the contrary is provided to the Company.
- Optional Certification: By checking this box ☐, the Trustees certify that the Company may require only **one trustee signature in the exercise of policy rights.**
- The Insurer is not responsible for inquiring into the terms of the Trust and shall not be charged with knowledge of its provisions.
- The Insurer may rely on the signature of the Trustees in the exercise of any Policy/Contract rights hereunder and is fully discharged from any liability as the result of such reliance.
- The Insurer reserves the right to require the Trustees to provide a copy of the trust agreement for any reason the Insurer may determine.
- Under penalty of perjury, the Trustee(s) certify that:
 - the number shown on this form is the Trust's correct taxpayer identification number, and
 - the Trust is not subject to withholding because: (a) the Trust is exempt from backup withholding, or (b) the Trust has not been notified by the Internal Revenue Service (IRS) that it is subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified the Trust that it is no longer subject to backup withholding, and
 - the Trust is a U.S. citizen or other U.S. person (including a U.S. Resident Alien) as defined in the instructions to the IRS Form W-9, and
 - the Trust is exempt from FATCA reporting (if applicable).

Certificate Instructions: You must cross out item (ii) above if you have been notified by the IRS that you are currently subject to backup withholding because you failed to report all interest and dividends on your tax return.

Section 3 - Representations and Signatures - continued

8. The Trustees signing below certify that they are all the Trustees of the trust.

Signature of all Trustees (Please print and sign with title)	State Signed In	Date (mm/dd/yyyy)

Complete ONLY if form is being modified after the original sign date.

I CERTIFY that this form was modified by me, the Owner on ____/ ____/ ____/. Sign below (If Non-Individual, include the capacity in which you are signing). Signature: _____