



Nassau Life and Annuity Company
Nassau Life Insurance Company
PHL Variable Insurance Company
Nassau Life and Annuity Insurance Company
PO Box 22012, Albany, NY 12201-2012

Change of Annuitant

Not all contracts allow the Owner to change the Annuitant. Please check your contract prior to submitting this request.

Name of Existing Annuitant: _____

Contract Number _____

I, _____ Contract Owner, am requesting that the Annuitant of this contract be
_____ Print Name of Owner
changed to the following:

ANNUITANT

Name (Print as desired in contract): _____

Social Security Number: _____ - _____ - _____

Date of Birth _____ Sex ____ Male ____ Female

Address (Number and Street) _____

City _____ State _____ Zip _____

Phone _____

JOINT ANNUITANT (if any)

Name (Print as desired in contract): _____

Social Security Number: _____ - _____ - _____

Date of Birth _____ Sex ____ Male ____ Female

Address (Number and Street) _____

City _____ State _____ Zip _____

Phone _____

The above annuitant designation shall revoke and supercede all designations made prior to the date of this form.

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.

Signed at _____ on _____
City and State Date

Signature of Owner _____

Signature of Joint Owner (if any) _____

Recorded by: _____ on _____

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: _____