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)

Request for Address Change
Quick Reference

Please visit **www.nfg.com** to obtain service forms, register to view account information, print a current statement or learn more about the Company products and services. It's convenient and easily accessible anytime, day or night.

In order for your request to be processed in a timely manner, the **sections referenced below must be completed on the accompanying form.**

Section A

- Name of Annuitant or Insured
- Contract / Policy Number

Section B

Check the appropriate box in this section for Owner, Annuitant, Insured, Assignee or Duplicate Notice Recipient. Include the Name, Address and Telephone.

Section C

Ownership signature requirements are based on the owner designation of the contract/policy numbers. Examples are:

- **Individual:** Print and sign your full name as it appears on the contract/policy.
- **Multiple Owners: All** owners must sign.
- **Collateral Assignee: Assignee(s) must sign in addition to the owner on the Owner signature lines and indicate "Collateral Assignee".**
- **Partnership: All** partners must sign (unless a form authorizing one partner to sign is on file with us).
- **Trust:** All of the current trustees must sign.
- **Corporation:** Titled officer must sign. The officer's title must also be indicated.

NOTE: In general, the annuitant/insured should not sign as officer. We ask an additional titled officer sign if the signing officer is effecting a change for his or her personal benefit.

Form must be signed and dated in order to process your request.

Contact Information

Regular Mail:
PO Box 22012
Albany, NY 12201-2012

Phone:
(800) 628-1936 (Traditional Life)
(800) 541-0171 (Variable Life & Annuity)

FAX:
(321) 400-6318 (Traditional Life)
(321) 400-6316 (Variable Life)
(321) 400-6317 (Variable Annuity)

Overnight Mail:
15 Tech Valley Drive, Suite 201
East Greenbush, NY 12061-4142

NASSAU

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

Address Change

A. Annuitant or Insured Information

Name of Annuitant or Insured	Contract / Policy Number

B. Change of Address

I, _____ Contract Policy Owner, am requesting the following address change:
(Print Name of Owner)

Change address for (check one): ☐ Owner ☐ Annuitant ☐ Insured ☐ Assignee ☐ Duplicate Notice Recipient

Name _____
(Print)

Address _____
(Number and Street)

_____
(City) (State) (ZIP Code)

Telephone _____
(Home - include area code) (Work - include area code)

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.

C. Signature and Date

Signed at _____ on _____
(City and State) (Date)

Signature of Owner _____

Signature of Joint Owner (if any) _____

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: _____