NASSAU

Nassau Life and Annuity Company
Nassau Life Insurance Company
PHL Variable Insurance Company
Nassau Life and Annuity Insurance Company
Regular Mail: PO Box 22012, Albany, NY 12201-2012
Overnight Mail: 15 Tech Valley Drive, Suite 201, East Greenbush, NY 12061-4142

Spouse Beneficiary Election to Continue Contract as Substitute Annuitant/Owner For Non-Qualified Plan

Contract Number:	Original Annuitant:

Substitute Annuitant/Owner Information For A Non-Qualified Plan

Name (Last, First, Middle)	Social Security Number/TIN

Address (Number, Street, City, State, ZIP Code)

Birth Date	Sex ☐ Male ☐ Female	Telephone No.	Fax No.	Email

New Beneficiary Information (If naming a Trust, indicate Trust date and current Trustee)

Primary (Full Name)	Relationship

Address (Number, Street, City, State, ZIP Code)

Contingent (Full Name)	Relationship

Address (Number, Street, City, State, ZIP Code)

As undersigned spouse beneficiary, in lieu of receiving death benefit proceeds under the above referenced annuity contract, I elect to have the contract treated as follows:

I will be the substitute owner and annuitant of the entire account, enjoying all rights as stated in the contract, including the right to pay premiums, make contributions and rollovers.

The undersigned requests that the Maturity Date of the above referenced annuity contract be postponed until the maximum maturity date as outlined in the contract.

Owner and Annuitant - I am the designated spousal beneficiary of the above referenced contract and I elect to be the substitute owner and annuitant of the entire account, enjoying all rights as stated in the contract. I request that the maturity date for this contract be extended to the latest possible date under the terms of the contract, or my 85th birthday, whichever is later. I understand that I had the option to receive the policy death benefit, which may be higher than the account value, and that I have declined the death benefit in lieu of contract continuance.

I understand that any surrender charges remaining in effect under the terms of the contract on the date of death of the original annuitant will be assessed in the event of a subsequent cash surrender request prior to the Maturity Date. The resulting cash surrender payment may thus be less than the death proceeds currently payable. I further understand that as a result of this election, if this is a variable contract, the value of the contract will continue to vary during the accumulation period with the investment experience of the underlying sub-accounts to which the contract's value is allocated.

CERTIFICATION - Under penalty of perjury, I certify that the information provided on this form is true, correct and complete.
(1) The number shown is my correct Taxpayer Identification Number,
(2) I am not subject to backup withholding either because I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report all interest or dividends, or the IRS has notified me that I am no longer subject to backup withholding,
(3) I am a U.S. citizen or other U.S. person; and
(4) FACTA reporting does not apply to me.

Certification Instructions: You must cross out item (2) if you have been notified by the IRS that you are currently subject to backup withholding. We will be required to backup withhold in this situation. I am aware that if my Tax Identification Number is not supplied, I will be subject to mandatory withholding on all distributions.

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 :_____ this the _____ day of _____ , 20 _____
(City and State)

_____
Signature of Spouse Beneficiary/Substitute Annuitant/Owner