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 IRA/Qualified Plan

Contract Number:	Original Annuitant:

Substitute Annuitant/Owner Information For IRA/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 the undersigned spouse beneficiary of the contract, in lieu of receiving death benefit proceeds (or any other distribution or rollover) under the above referenced annuity contract, I elect to have the contract treated as follows:

Please note: If the contract is an IRA and you are the sole beneficiary of the contract, you may elect either Option 1 or Option 2. If the (i) contract is an IRA and you are not the sole beneficiary of the contract or (ii) the contract is a 403(b) arrangement, you may elect Option 2.

1. ☐ Option 1. I will be the substitute owner and annuitant of the contract enjoying all rights as stated in the contract, including the right to pay premiums make contributions (including rollovers). I request that the Maturity Date of the above referenced annuity contract be postponed until the maximum maturity date as outlined in the contract. I, the undersigned, understand that postponing the Maturity Date does not postpone my obligation to the distribution of any required minimum distribution amounts that may be required under Section 401(a)(9) of the Internal Revenue Code and the regulations promulgated thereunder. I further understand that I, the undersigned, shall be fully responsible for making any such required minimum, and they shall be made by written request.

2. ☐ Option 2. The contract will continue under my deceased spouse's name, and as substitute annuitant, I will enjoy all rights of annuitant as stated in the contract, except that no additional premium payments may be made; no contributions or rollovers are allowed; and the Maturity Date may not be adjusted.

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, 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 because of under-reporting interest or dividends on your tax returns. I am aware that if my Tax Identification Number is not supplied, the interest earned may be subject to federal or state withholding.

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