



Nassau Life Insurance Company (the Company)
PHL Variable Insurance Company (the Company)
c/o Client Service Center

Certification and Acknowledgement of Trust Agreement for Death Claim Settlement

Quick Reference

Contact Information

Mail completed form to:

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

Express Mail: 15 Tech Valley Dr., Suite 201, East Greenbush, NY 12061-4142

Phone:

(800) 814-3692

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 - Generation Skipping Transfer Tax Information

- ☐ Complete Generation Skipping Transfer Tax information.

Section 4 - Representations and Signatures

- ☐ Complete question 1.
- ☐ Review question 2 and check box if applicable.
- ☐ Sign the form (all Trustees must sign).
- ☐ Document the state signed in.
- ☐ Date the signature.



Nassau Life Insurance Company (the Company)
PHL Variable Insurance Company (the Company)
PO Box 22012, Albany, NY 12201-2012

Administrative Agent of Variable Products for Jackson National Life Insurance Company

Certification and Acknowledgement of Trust Agreement for Death Claim Settlement

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
Situs (State where the Trust exists or originated)			
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 - Generation Skipping Transfer Tax Information

The following **must be** completed.

I/We the undersigned, on oath, deposes and states as follows with respect to the possible application of the Generation Skipping Transfer (GST) tax to the death benefit payment. **(Check one)**

- ☐ The GST tax does not apply because the death benefit is not included in the decedent's estate for federal estate tax purposes.
- ☐ The GST tax does not apply because the GST tax exemption will offset the GST tax.
- ☐ The GST tax does not apply because at least one of the trust beneficiaries is not a "skipped" person.
- ☐ The GST tax does not apply because of the reasons set forth in the attached document (Please attach document setting forth the reasons why you believe the GST tax does not apply).
- ☐ The GST tax may apply. As a result, the death benefit payment **IS** subject to withholding of the applicable GST tax. Enclosed is the completed Schedule R-1 (Form 706) for submission to the Internal Revenue Service.

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 - 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 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.
- 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)