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

Death of the Insured Outside of the United States Questionnaire

A. Identification Data

Name of Deceased	Date of Birth (M/D/Y)	Place of Birth

Last Address	Address at Time of Death

Date of Death (D/M/Y)	Occupation	Social Security Number

Citizenship	Passport Number	Current Location of Passport

Name of Deceased's Father	Name of Deceased's Mother

Name and Address of Employer

Policy Number(s)

Other Policies in Force

Company	Policy Number	Approx. Year of Issue	Amount

B. Travel Details

Date Deceased Left U. S. (M/D/Y)	Method of Travel	If by air, Airline used:	Flight No.	Departure City	Arrival City

Was return trip booked? (Provide details.)

Final Destination (City and Country)	Purpose of Trip	Intended Duration of Trip

C. Details of Death

Nature of Death: ☐ Natural causes ☐ Accident ☐ Homicide ☐ Suicide

If Death was by natural causes, please indicate:

Nature of Illness	Date of Onset

If Death was the result of an accident / homicide / suicide, please indicate:

Nature of Incident	Date of Incident

Name(s) and Address(es) of Witness(es) (**Please provide** Telephone Number(s) if available.)

Details of Death (continued)

Were police called? ☐ Yes ☐ No	If "Yes", Name of Officer and Department Called	
Police Department Address	Police Department Telephone Number	Was there a police investigation? ☐ Yes ☐ No

Exact Place of Death (Please include Street, City, State/Province, Country)

Hospital(s)

Attending Physician(s)

Physician Certifying Death	Was an autopsy performed? ☐ Yes ☐ No Was there a coroner's inquest? ☐ Yes ☐ No Was the U. S. Embassy Consulate notified? ☐ Yes ☐ No
Please provide details:	Has a formal death certificate been issued? ☐ Yes ☐ No

D. Disposition

Deceased was? ☐ Buried ☐ Cremated	Date of Burial / Cremation (M/D/Y)	Location of Burial / Cremation

Permits Obtained

Names and addresses of two people NOT related to the deceased and who were present at burial / cremation:

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.

E. Affiant's Information and Signature

Name (Please print)

Address

Social Security Number	Relationship to Deceased	Date of Birth (M/D/Y)

I hereby declare that the information above is true to the best of my knowledge and belief.

Affiant's Signature _____ Date _____