



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)
Regular Mail: PO Box 22012, Albany, NY 12201-2012
Overnight Mail: 15 Tech Valley Drive, Suite 201, East Greenbush, NY 12061-4142

Split Dollar Assignee Affidavit

The below-named Affiant, being first duly sworn, deposes and says:

1. _____ (the "Assignee") is the holder of an interest in policy _____ on the life of _____ (the "Policy") pursuant to a split dollar assignment dated ____ / ____ / ____ (the "Split Dollar Assignment").
2. Upon the death of the insured, the amount to which the Assignee is entitled under the Split Dollar Assignment, and which is payable out of the death benefit provided by the Policy is the sum of \$_____.
3. The beneficiary or beneficiaries of the Policy have signed this affidavit to acknowledge their agreement with the amount claimed by the Split Dollar Assignee.

Affiant (Signature)

Affiant (List Corporate Title - include corporate resolution)

Address of Affiant

STATE OF _____
COUNTY OF _____ } SS _____

On the ____ day of _____ in the year 20____ before me, the undersigned, a Notary Public in and for said state. Personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose names(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacities and that by his/her/their signatures(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

(Notary Public) My commission expires: _____

(Official Seal or Stamp)

Signed Name: _____

Printed Name: _____

Policy Number: _____

Signatures of Beneficiaries, for the purpose expressed above, being to acknowledge their agreement with the amount claimed by the Split Dollar Assignee in the amount of \$_____:

Full Name of Beneficiary (Entity, Corporation or Trust - Please print): _____

Signing in the capacity as:

☐ Individual(s) ☐ Partner(s) ☐ Trustee(s) (Attach Certificate of Trust OL4388A)

☐ Officer _____
(List corporate title - include corporate resolution)

_____ Name (Print First, Middle, Last)	_____ Signature	_____ Date (mm/dd/yyyy)
_____ Name (Print First, Middle, Last)	_____ Signature	_____ Date (mm/dd/yyyy)
_____ Name (Print First, Middle, Last)	_____ Signature	_____ Date (mm/dd/yyyy)
_____ Name (Print First, Middle, Last)	_____ Signature	_____ Date (mm/dd/yyyy)

STATE OF _____ }
COUNTY OF _____ } SS _____

On the _____ day of _____ in the year 20____ before me, the undersigned, a Notary Public in and for said state.

Personally appeared: _____,

Personally appeared: _____,

Personally appeared: _____,

Personally appeared: _____,

personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose names(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacities and that by his/her/their signatures(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

(Notary Public) My commission expires: _____

(Official Seal or Stamp)

Signed Name: _____

Printed Name: _____