



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)

Request for Split Dollar Forms/Servicing Quick Reference

Attached is the form you requested. In order for your request to be processed in a timely manner, the **sections referenced below must be completed on the accompanying form.**

Section A	Indicate whether this is a request for Split-Dollar documents or for Split-Dollar servicing.		
Section B	Basic policy information - required		
Section C	Split-Dollar plan design - required		
Section D	Complete this section only if requesting Split-Dollar forms. Signature requirements are based on the owner designation of the policy/contract. Examples are: • Individual: Print and sign your full name as it appears on the policy/contract. • Multiple Owners: All partners must sign (unless a form authorizing one partner to sign is on file with us). • Corporation: Titled officer must sign. The officer's title must also be indicated. <i>NOTE: In general, the insured/annuitant should not sign as officer. We ask that an additional titled officer sign if the signing officer is effecting a change for his or her personal benefit.</i> • Trust: The current trustee(s) must sign. All forms must be dated in order to process your request.		
Contact Information	Delivery • U. S. Mail: PO Box 22012 Albany, NY 12201-2012 • Shipping: 15 Tech Valley Drive, Suite 201 East Greenbush, NY 12061-4142	Phone • (800) 628-1936 (Traditional Life) • (800) 541-0171 (Variable Life)	FAX • (321) 400-6318 (Traditional Life) • (321) 400-6316 (Variable Life)

NOTE: If submitting this form with an application for a **new policy**, send all paperwork (including a copy of the illustration) **directly to New Business.**



A. This form is for all Split-Dollar administration services offered by the Company. These include: 1) The preparation of collateral assignment or endorsements required with Split-Dollar agreements and 2) Reporting the annual economic benefit cost associated with Split-Dollar.

For new policies a copy of the illustration must be included.

- ☐ Request for Split-Dollar Documents (Complete all Parts)
☐ Request for Split-Dollar Servicing (Complete Parts I and II) Beginning for Tax year _____

Requester Name and Phone Number _____

B. Basic Information (Required)

For **New Policies** include Policy Application Number **or** for **Inforce/Existing Policies** include Policy Number:

Name of First Insured		Name of Second Insured	
Gender	Date of Birth	Gender	Date of Birth
☐ Male ☐ Female		☐ Male ☐ Female	
Sponsor (usually employer/cash value owner)		Was this policy the result of a 1035 Exchange	
		☐ Yes ☐ No	

C. Split-Dollar Plan Design (Required)

Section 1 - Premium, Cash Value and Death Benefit Splits (Complete subsections a, b, c, d and e)

Note: Death Benefit Owner (DBO) is usually insured or designee of insured (e.g. Trust).

- a. Effective date of Split-Dollar agreement _____.
- b. **Premium Split (Select one):**
- ☐ Employer-pay-all (Employer/Sponsor pays the entire premium due.)
☐ Offset (Employee/DBO's contribution is the term cost using the lowest term rate. Sponsor/Employer pays the balance.)
☐ Employee/DBO pays uniform annual amount of \$ _____ (Sponsor/Employer pays the balance.)
☐ Other (See Section 2A for uncommon premium splits.)
- c. **Sponsor's Cash Value Interest (Select one):**
- ☐ Equity (Cumulative premiums paid by the Sponsor)
☐ Total cash value
☐ Other (See Section 2B for uncommon cash value splits.)
- d. **Death Benefit Split (Select one):**
- ☐ Sponsor/Employer receives amount equal to the Total Cash Value
☐ Sponsor/Employer receives amount equal to cumulative premiums paid by the Sponsor/Employer
Check one if applicable: ☐ Not to exceed cash value ☐ Cash value if greater
☐ Employee/DBO receives specified amount of: \$ _____
☐ Other (See Section 2C for uncommon death benefit splits.)
- e. **Premium History** (except for NEW policies, please complete the appropriate section)
Cumulative premiums as of 12/31 of the year prior to the tax year requested (eg. 12/31/01 if request is for tax year 2002)
- 1.) Check and complete for policies that do not contain Optionterm, 5th Dividend, Cost of Living or Other Term Riders **(Select one):**
- ☐ Sponsor/Employer has paid all premiums
☐ Sponsor/Employer has paid a total of \$ _____
☐ Employee/DBO has paid a total of \$ _____
- 2.) Check and complete for policies that contain Optionterm, 5th Dividend, Cost of Living or Other Term Riders
Sponsor/Employer has paid a total of \$ _____

Section 2 - Uncommon Arrangements (Complete Subsections a, b and c)

a - Uncommon Premium Splits (Complete if "Other" was selected in Section 1.a)

- ☐ Offset (Death Benefit Owner's contribution is equal to the term cost using following table _____ (eg. Gov't., PHL99, PHL97)
- ☐ Employer/Sponsor pays uniform annual amount of \$ _____ (Employer/DBO pays balance.)
- ☐ Specified % of the premium: ____ % Paid by (check one): ☐ Sponsor/Employer ☐ Death Benefit Owner/Employee
- ☐ Other* _____

b - Uncommon Cash Value Interest Splits (Complete if "Other" was selected in Section 1.b)

- ☐ Total Premiums paid by the Sponsor/Employer. ☐ Plus Cost of Money (Rate ____%)

Plus Bonus Amount (choose one):

- ☐ No Bonus
- ☐ Single Bonus-equal to DBO/Employee's outlay. DBO/Employee's assumed tax bracket ____%
- ☐ Double Bonus-equal to DBO/Employee's outlay plus gross-up amount. DBO/Employee's assumed tax bracket ____%

Recovery Amount (choose one if Single or Double Bonus is checked):

- ☐ Gross Bonus
- ☐ Net Bonus-calculate Sponsor/Employer's net cost of bonus. Sponsor/Employer's assumed tax bracket ____%
- ☐ Other* _____

For in-force plans include the following information if applicable: Cumulative Cost of Money: _____ Cumulative Bonus _____
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c - Uncommon Death Benefit Splits (Complete if "Other" was selected in Section 1.c)

- ☐ Same as definition in Section 4. (Check one if applicable: ☐ Not to exceed cash value ☐ Cash value if greater)
- ☐ Sponsor/Employer receives specified amount \$ _____
- ☐ Sponsor/Employer receives specified percentage of death benefit: ____ %
- ☐ Other* _____

D. Complete only if requesting Split-Dollar forms

Method (must check one): ☐ Collateral Assignment Non-Majority Shareholder ☐ Endorsement

☐ Limited Collateral Assignment Controlling/Majority Shareholder⁼

Sponsor/Employer's Address (Include No., Street and/or PO Box)	Sponsor/Employer's State of Incorporation
(City, State and ZIP Code)	Tax Identification Number
Name of Death Benefit Owner if different than Insured	Relationship to Insured
Address (Include No., Street and/or PO Box)	
(City, State and ZIP Code)	
If Death Benefit Owner is Trust give Name of Trustee(s)	Date of Trust Document

Death Benefit Owner's Beneficiary(ies)

Primary Beneficiary	Relationship to Insured
Address (Include No., Street and/or PO Box)	
(City, State and ZIP Code)	
Contingent Beneficiary	Relationship to Insured
Address (Include No., Street and/or PO Box)	
(City, State and ZIP Code)	

* IMPORTANT NOTE: If "Other" is selected in the Alternate Split-Dollar Arrangement Sections, the policy may not be serviceable by the Company's Split-Dollar Servicing System. Attach additional instructions if necessary.

⁼ The limited collateral assignment can be used where estate tax avoidance is desired if the insured is a controlling shareholder and the policy is to be owned by a third party. It is sometimes used for "Private Split-Dollar" arrangements as well. Consult Advanced Marketing for advice on the proper form.