

**NASSAU**

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

**Preliminary Death Benefit
Assignment Verification Form**

Policy Number:	
Insured:	
Issue Date:	
Type of Policy:	
Face Amount:	
Outstanding Loan:	
Accrued Loan Interest:	
Unpaid Premiums	
Approximate Net Amount Payable at Death:	
Primary Beneficiary(ies) and % Share:	
Contingent Beneficiary(ies) and % Share:	
Is the Policy inforce?	
Is the Policy contestable?	

Disclaimers:

- The Company makes no representations regarding the validity, sufficiency, or enforceability of the assignment between the beneficiary and the assignee.
- The information provided above is based on our knowledge at the time this form is completed and is subject to change based on the information obtained at a later date.
- The information contained in this form does NOT account for any liens, debts, or other encumbrances, that a beneficiary may be subject to, which may later result in a determination that no benefit is payable to the beneficiary or assignee.
- The form is not a guarantee of payment of any amount, to any beneficiary or assignee, and should not be relied upon as such.
- A claim for benefits on the above referenced policy is not payable to the beneficiary or assignee until all claim requirements have been submitted and determined to be in good order.
- If the policy is contestable, we may determine that no benefits are payable under the policy.
- All requests for additional information must be made in writing to the Claims Department at the address above.

Signature of Claims Examiner

Date Completed (mm/dd/yyyy)