



Nassau Life and Annuity Company (the Company)
 Nassau Life Insurance Company (the Company)
 PHL Variable Insurance Company (the Company)
 Regular Mail: PO Box 219361, Kansas City, MO 64121-9361
 Express Mail: 430 W 7th Street, Suite 219361, Kansas City, MO 64105-1407

Beneficiary Statement

Claim Number: _____

A. Insured Information

List below ONLY the policies/contracts under which you the beneficiary are making claim.

Name of Deceased		Deceased's Social Security Number
Birthdate of Deceased	Deceased's Date of Death	
Cause of Death	Manner <input type="checkbox"/> Natural/Illness <input type="checkbox"/> Accidental <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide	

B. Beneficiary Information – Please print

Full Name of Individual, Entity, Corporation or Trust	Your Daytime Telephone Number	Date of Birth / Date of Trust	Your Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Please supply Social Security Number if you are the <u>Individual Beneficiary</u>		Please supply Taxpayer Identification Number if this is a <u>Trust, Estate, or Corporate Beneficiary</u>	
Your Physical Address (No., Street, City, State and ZIP Code - P.O. Box not accepted)			
Mailing Address for Payment (No., Street, or P.O. Box, City, State and ZIP Code) For Your Security . If the payment is not being mailed to you at your residence address, please explain briefly why and advise to whom it is being mailed (for example; Mail to my PO Box, Mail to me in care of my child with whom I am staying, Mail to me in care of my attorney's office).			

CERTIFICATION - Under penalties of perjury, I certify that:

- 1) the number shown on this form is my correct Social Security Number or taxpayer identification number, and
- 2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- 3) I am a U.S. citizen or other U.S. person (including a U.S. Resident Alien) as defined in the instructions to the IRS Form W-9, and
- 4) I am exempt from FATCA reporting (if applicable).

Certification Instructions: You must cross out item (2) if you have been notified by the IRS that you are currently subject to backup withholding because of under-reporting interest or dividends on your tax returns.

I am aware that if my taxpayer ID or Social Security Number is not supplied, the interest earned may be subject to federal or state withholding.

C. Policy Status (all policies should be returned unless they are lost)

If the policy/contract or policies/contracts cannot be located and are presumed lost, misplaced or destroyed, please complete this section.

Lost Policy/Contract Agreement

Policy/Contract Number(s) _____

Insured _____

The undersigned affirms that, except for the respective interests of the undersigned as shown on the Company's records, no other party has any interest in the policy/s/contract's ownership rights or benefits, through assignment, transfer, pledge or encumbrance of any nature whatsoever.

The undersigned requests that the Company pay, without production of the lost policy/contract, the proceeds due as a result of the death of the insured.

The undersigned do further request that until the whereabouts of the lost policy/contract becomes known to the Company by written notice received at its Home Office, the Company will waive any requirements of the lost policy/contract that such policy/contract be delivered to the Company as a prerequisite to any transaction involving such policy/contract.

This form is not complete unless both pages 1 and 2 are completed in full and dated and signed by the Beneficiary.

D. Fraud Statement

For Residents of California: For your protection California law requires the following notice to appear on this form. Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

For Residents of Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

For Residents of Florida: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

For Residents of Kentucky, Ohio and Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

For Residents of Maine, Tennessee and Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

For Residents of Maryland: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

For Residents of Minnesota: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

For Residents of New Hampshire: Any person who, with a purpose to injure, defraud, or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

For Residents of New Jersey: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

For Residents of New Mexico: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

For Residents of Puerto Rico: Any person who, knowingly and with intent to defraud, presents false information in an insurance request form, or who presents, helps or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine no less than five thousand (5,000) dollars nor more than ten thousand (10,000) dollars, or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years.

For Residents of Rhode Island: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Notice for Residents of All Other States: Any person who knowingly presents a false or fraudulent claim for payment of a loss of benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

E. Settlement Option

For beneficiaries receiving \$5000 or more, until and unless a single check is requested, the cash settlement option is the Concierge Account.

For Residents of New York or Corporations: To receive the benefits of the Concierge Account check the box below. Otherwise, you will receive a single check.

I wish to make an affirmative election to receive the Concierge Account.

For Residents of New York: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

F. Signature Requirements

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

Signing in the capacity as:

Individually named beneficiary Partner(s) Executor or Administrator of Estate (Attach a copy of the Court Appointment)

Trustee(s) (Attach Certificate of Trust OL4388A) Officer _____
(List corporate title - include corporate resolution)

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

This form is not complete unless both pages 1 and 2 are completed in full and dated and signed by the Beneficiary.