



NASSAU RE

Nassau Life and Annuity Company (the Company)  
Nassau Life Insurance Company (the Company)  
PHL Variable Insurance Company (the Company)  
PO Box 219361, Kansas City, MO 64121-9361

### Supplement To Application Part 1

Full Name of Proposed Insured \_\_\_\_\_

Complete **either** Section A **or** Section B

#### Section A

Complete this section to apply for non-smoker rates **only**.

The following statement is made as an inducement to the Company to issue an insurance contract:

I do not now smoke cigarettes nor have I smoked any cigarettes for at least the past twelve months.

\_\_\_\_\_  
DATE SIGNATURE OF PROPOSED INSURED

The above statements are correct to the best of my knowledge and belief.

\_\_\_\_\_  
DATE SIGNATURE OF AGENT

\_\_\_\_\_  
AGENCY

#### Section B

Complete this section to apply for non-smoker rates **and** never smoke risk classification.

The following statements are made as an inducement to the Company to issue an insurance contract:

I do not now smoke cigarettes nor have I smoked any cigarettes for at least the past twelve months.

I have not used tobacco in any form for at least the past 15 years.

\_\_\_\_\_  
DATE SIGNATURE OF PROPOSED INSURED

The above statements are correct to the best of my knowledge and belief.

\_\_\_\_\_  
DATE SIGNATURE OF AGENT

\_\_\_\_\_  
AGENCY