



PHL Variable Insurance Company
PO Box 8027
Boston MA 02266-8027

Change of Annuitant

Not all contracts allow the Owner to change the Annuitant. Please check your contract prior to submitting this request.

Name of Existing Annuitant: Contract Number

I, \_\_\_\_\_ Contract Owner, am requesting that the Annuitant of this contract be
Print Name of Owner
changed to the following:

ANNUITANT

Name (Print as desired in contract): \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex \_\_\_ Male \_\_\_ Female

Address (Number and Street) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

JOINT ANNUITANT (if any)

Name (Print as desired in contract): \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex \_\_\_ Male \_\_\_ Female

Address (Number and Street) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

The above annuitant designation shall revoke and supercede all designations made prior to the date of this form.

Signed at \_\_\_\_\_ on \_\_\_\_\_
City and State Date

Signature of Owner \_\_\_\_\_

Signature of Joint Owner (if any) \_\_\_\_\_

Recorded by: \_\_\_\_\_ on \_\_\_\_\_