



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 _____
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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 _____