



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 changed to the following:  
 \_\_\_\_\_  
 Print Name of Owner

**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 \_\_\_\_\_