



Attached is the form you requested. In order for your request to be processed in a timely manner, the **sections referenced below must be completed on the accompanying form.**

Section A	<ul style="list-style-type: none"> • Name and address of requestor • Requestor's relationship to policy • Daytime phone and fax numbers
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Section B	<ul style="list-style-type: none"> • For each transcript being requested, provide policy or contract number, insured, type of transcript request, and fee amount. • Indicate the total fee enclosed • Tell us where the completed transcript(s) should be sent.
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Section C	Signature requirements are based on the owner designation of the policy unless the advisor is making this request. All signatures must be dated for the request to be processed.
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Information regarding many types of financial transactions can be obtained easily and **without cost to you:**

Type of Financial Information	How to Obtain It
<ul style="list-style-type: none"> • Current policy values • Previous cash loans 	Call our Customer Service Center at (800) 628-1936 OR log on to our website at www.nsre.com/phoenix
<ul style="list-style-type: none"> • Dividends credited • Current loan balance 	This information is reflected on your annual anniversary policy statement. A copy of your most recent statement will be provided upon request OR you can access it by logging on to our website, www.nsre.com/phoenix .



Phoenix Life Insurance Company
 PHL Variable Insurance Company
 Phoenix Life and Annuity Company
 PO Box 8027, Boston MA 02266-8027

Financial Transcript Request

A. Requestor Information

Name	Relationship to Policy (Owner/Advisor)
Address	Daytime Phone
City State ZIP Code	Fax Number (Optional)

Transcript Fees

Years to be Covered by Transcript	Fee
Past seven (7) years or less financial transactions	\$35.00
Financial transactions requiring retrieval/research of archived tapes and/or microfiche (greater than 7 years)	\$150.00

B. Fee Calculation & Delivery Instructions - NOTE: This request cannot be processed without payment. Please make check payable to *Phoenix Life Insurance Company*

Policy Number	Insured	Requested Years	Type of Transcript (Premiums, Loans or Dividends)	Fee (refer to table above)
				\$
				\$
				\$
				\$
				\$
				\$
TOTAL (amount of check enclosed):				\$

Please send completed Financial Transcript to:

- Address listed above
 Fax number listed above
 Alternate address:

C. Signatures

Owner or Advisor Name (please print)	Owner or Advisor Signature	Date
Joint Owner (if applicable) Name (please print)	Joint Owner (if applicable) Signature	Date

If the owner and/or assignee is a corporation or bank, the complete corporate name(s) must appear above their signature line and this form must be signed by an officer of said corporation with the officer's corporate title indicated.