



Nassau Life and Annuity Company (the Company)
 Nassau Life Insurance Company (the Company)
 PHL Variable Insurance Company (the Company)
Regular Mail: PO Box 219361, Kansas City MO 64121-9361
Overnight Mail: 430 W 7th St., Suite 219361, Kansas City MO 64105-1407

**Federal/State Income Tax
 Withholding Election**

A. Policy/Contract Information

Policy/Contract Number(s)	Insured(s)/Annuitant(s) Names
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B. Federal Income Tax

Complete the following applicable lines. I **elect to withhold** at a flat rate of 10% or _____%.
 I **elect to withhold** at a flat amount of \$ _____.
 I elect **NOT** to have **Federal** income tax withheld.

NOTE: There are penalties for not paying enough income tax during the year, either through withholding or estimated tax payments.

C. State Income Tax

Complete the following applicable lines. I **elect to withhold** at a flat rate of _____%.
 I **elect to withhold** at a flat amount of \$ _____.
 I elect **NOT** to have **State** income tax withheld.

If you reside in one of the following states you must make a state tax withholding election, otherwise we will withhold for state taxes at the rate of 10%:

Arkansas California Connecticut District of Columbia Delaware Georgia Iowa Kansas Massachusetts
 Maine Michigan North Carolina Nebraska Oklahoma Oregon Virginia Vermont

If you reside in one of the following states, we are required to notify you of your right to withhold for state taxes; however, you are not required to make a state tax withholding election. If you do not make an election, we will not withhold for state taxes.

Arizona Indiana Maryland Missouri Montana New Jersey New Mexico
 New York Utah Wisconsin West Virginia

If you do not reside in one of the 28 states listed above, we do not offer state tax withholding. If you make a state tax withholding election and do not reside in one of the listed states, we will not be able to accommodate your request.

D. Taxpayer/Owner Signature

If the Taxpayer is an INDIVIDUAL, complete the following.

Owner Name (Print First, Middle, Last)	Date of Birth (mm/dd/yyyy)	Social Security No./Tax ID	
Street Address (include Apt. or Suite#)	City	State	ZIP Code
Owner Signature			Date (mm/dd/yyyy)

If the Taxpayer is a NON-INDIVIDUAL, complete the following.

Full Name of Trust, Entity, Corporation or Other	Social Security No./Tax ID		
Signing in the capacity as: <input type="checkbox"/> Trustee <input type="checkbox"/> Partner <input type="checkbox"/> Officer _____ <input type="checkbox"/> Other _____ (List corporate title)			
Name (Print First, Middle, Last)	Signature	Date (mm/dd/yyyy)	
Street Address (include Apt. or Suite#)	City	State	ZIP Code
Name (Print First, Middle, Last)	Signature	Date (mm/dd/yyyy)	
Street Address (include Apt. or Suite#)	City	State	ZIP Code