

Nassau Life and Annuity Company (the Company)
Nassau Life Insurance Company (the Company)
PHL Variable Insurance Company (the Company)
Nassau Life and Annuity Insurance Company (the Company)
PO Box 22012, Albany, NY 12201-2012

lassau Life and Annuity Insurance Company (the Company)
O Box 22012, Albany, NY 12201-2012
-800-541-0171

	Contract No.:	
	Insured:	
This Agreement should be signed by:		
(1) The owner		
(2) All Assignees		
	used in this form, the word Company means re. Corporate signatures must be made by sig officer's title.	
(4) A separate Lost Contract Agreement must	be completed for each contract.	
The undersigned hereby affirm that the above co	ntract cannot be located and is presumed to be	e lost, misplaced or destroyed.
The undersigned further affirm that, except for the no other party has any interest in the contract encumbrance of any nature whatsoever.		
Each of the undersigned requests the Company t	to (check one only):	
☐ Issue a contract certificate		
☐ Issue a duplicate contract. (A fee of \$35.00 wi	III be required.)	
☐ Pay, without production of the lost contract, the	ne proceeds due by surrender, maturity or deat	h.
The undersigned do further request that until the notice received at its Home Office, the Company he Company as a prerequisite to any transaction n consideration for the Company's acquiescence.	waive any requirements of the lost contract the involving such contract.	at such contract be delivered to
o the Company the duplicate contract if the lost Company), defend and indemnify the Companacquiescence to any of the foregoing requests.	st contract is found and to, jointly or severally	, (at the sole discretion of the
Witness	Owner	Date
Witness	Assignee	Date
Witness	Other	 Date

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