



Nassau Life and Annuity Company (the Company)
 Nassau Life Insurance Company (the Company)
 PHL Variable Insurance Company (the Company)
 PO Box 219361, Kansas City, MO 64121-9361

Application for Sub Producers

Section I - Demographic Information - Individual

Producer Name	Producer's DOB	SSN or TIN Number	National Producer Number
Producer's Home Address, City, State, ZIP Code			Producer's Home Phone Number
Business Address, City, State, ZIP Code	Business Phone Number	Fax Number	
2424 Rt 52 Jct 2 Hopewell Jct NY 12533	845592-4064	845592-4067	
E-Mail Address	Producer's Firm Affiliation		
	NestEgg Builders Corp.		

Section II - Background Guidelines - Please Review

Once the Application for Sub Producers is received, a background investigation will be conducted on every producer applying for a producer relationship with the Company as required by state and federal law. You will not be eligible for a producer relationship with the Company if you do not meet our guidelines. You will need to resolve any outstanding items with the credit reporting agency or state regulatory body prior to consideration. The guidelines are as follows:

Financial Debt <ul style="list-style-type: none"> No credit report available Outstanding collection accounts, foreclosures, liens, or judgments exceeding \$50,000, including commission chargebacks from an insurance company Pending or active bankruptcy 	State Regulatory/FINRA <ul style="list-style-type: none"> State license revocation, suspension, fine, or sanction (reviewed case by case) Customer disputes, disciplinary and regulatory events resulting in fines, sanctions, or suspension (reviewed case by case)
Criminal <ul style="list-style-type: none"> Felony conviction (automatic decline) Misdemeanor convictions involving fraud, theft, or breach of trust (automatic decline) Other misdemeanor convictions within the last 10 years (reviewed case by case) Pending criminal charges 	Other <ul style="list-style-type: none"> Background questions answers on the application do not match background report results "Yes" answers on the background questions and all explanations will be reviewed

Section III - Your Background Information - COMPLETE THIS SECTION

- Have you ever had a state insurance license, state securities registration, or your FINRA registration denied, suspended or revoked for any reason? Yes No
- Have you ever been fined or censured by a federal or state regulatory agency? Yes No
- Do you have any outstanding collection accounts, liens or judgments against you, totaling \$50,000 or more? Yes No
- Do you currently have an active or pending bankruptcy petition (voluntary or involuntary)? Yes No
- Have you ever been charged with, convicted, pled guilty, or pled no to contendre (no contest) to a felony? Yes No
- Have you ever been charged with, convicted, pled guilty, or pled no to contendre (no contest) to a misdemeanor other than a minor traffic violation or DUI? Yes No
- Do you have any outstanding debt(s) with any Distributor, Insurance Company, or Broker/Dealer? Yes No
- Has a life insurance company ever terminated your appointment or contract to sell its products for any reason other than lack of production? Yes No
- Are you now the subject of any complaint, investigation or proceeding that could result in a "yes" answer to questions 1-8? Yes No
- Do you maintain Errors and Omissions liability insurance in the minimum required coverage amount of one million dollars per occurrence? Yes No

Please explain any "Yes" answers to the background information questions in Section III. Give specific details including dates, circumstances, and outcomes on a separate sheet of paper. Ensure that this sheet is signed, dated, and returned with the application. Also include copies of any relevant documentation, such as release of debt, satisfaction of judgment or approved payment plan.

Section IV - Signature

The answers provided to the questions in Section III above are true to the best of my knowledge. I will promptly notify the Company if any of the above information changes. Failure to answer truthfully can result in immediate termination.

Name - Please Print	Signature	Date Signed
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Debit-Check Agent/Agency Authorization Form

Vector One Operations, LLC dba Vector One (collectively with its affiliates, "Vector One") manages the secured web portal interactive computer service provided by Debit-Check.com, LLC a ("Debit-Check"). This Debit-Check Agent/Agency Authorization Form is by and among the undersigned ("you", "me", "I" or "my"), Vector One, and the Company (as defined below) and is used by Debit-Check subscribers who desire to be granted authorization from you for the submission and/or receipt of your personal information to the Debit-Check service as necessary to conduct a commission related debit balance screening. The undersigned company and its affiliates and authorized third parties (collectively, the "Company") is a Debit-Check subscriber. Accordingly, as part of the contracting and appointment process or determination of eligibility for advancement of commissions, the Company may conduct a commission related debit balance screening via Debit-Check in order to determine your eligibility and may continue to conduct periodic commission related debit balance screenings as determined in the Company's sole discretion following the engagement of any employment, appointment, contract, tenure, or other relationship with the Company.

Access to Debit-Check Information: You can obtain your commission related debit balance information by contacting the Vector One Agent Hotline at (800) 860-6546.

AGENT/AGENCY'S STATEMENT – READ CAREFULLY

The Company is hereby authorized to obtain and conduct a commission related debit balance screening through Vector One's Debit-Check secured web portal to determine if another Debit-Check subscriber has posted that I have an outstanding commission related debit balance. I understand that the Company may consider the results of the commission related debit balance screening in order to determine my eligibility to be contracted and appointed or determine my eligibility for advancement of commissions as an insurance producer and may continue to conduct periodic commission related debit balance screenings as determined in the Company's sole discretion following the engagement of any employment, appointment, contract, tenure, or other relationship with the Company. I understand and acknowledge that the Company may obtain commission related debit balance information through Debit-Check as state law allows. I understand that my information, including my name and social security number ("My Information") may be used for the purpose of obtaining and conducting a commission related debit balance screening. I further understand that in the event of termination or expiration of my employment, appointment, contract, tenure, or other relationship with the Company, whether voluntary or involuntary, if a commission related debit balance is owed to the Company, the Company may post My Information to the Debit-Check service which may be accessed by Debit-Check subscribers until such time the debit balance is satisfied or otherwise removed.

BY SIGNING BELOW, I HEREBY (PLEASE INITIAL ALL STATEMENTS):

(A) _____ Authorize the Company to use My Information for purposes of conducting a commission related debit balance screening, and periodic commission related debit balance screenings as determined in the Company's sole discretion following the engagement of any employment, appointment, contract, tenure, or other relationship with the Company, utilizing Debit-Check.

(B) _____ Authorize the Company to consider the results of the commission related debit balance screening in order to determine my eligibility to be contracted and appointed or determine my eligibility for advancement of commissions as an insurance producer.

(C) _____ Authorize and direct Vector One to receive and process My Information as necessary to intentionally disclose and furnish the results of my commission related debt verification screening, whether directly or indirectly, to the Company.

(D) _____ Authorize the Company to submit My Information to the Debit-Check service in the event of termination or expiration of my engagement with the Company, whether voluntary or involuntary, to the extent a commission related debit balance is owed to the Company.

(E) _____ Authorize and direct Vector One to receive and process My Information and intentionally disclose to any Debit-Check subscriber who submits an inquiry utilizing My Information the results of my commission related debit balance screening, which will contain My Information, to the extent a debit balance is owed.

Agent/Agency Printed Name: _____

Signature: _____ Date: _____

FOR COMPANY USE ONLY

AGREED AND ACKNOWLEDGED BY COMPANY:

Name of Company: _____

Signature: _____

Name and Title: _____



Specific authorization is hereby given to the Company to obtain an investigative consumer report on me, to contact any pertinent personal and business references and to verify my previous employment and registration history. I release each person from any and all liability, of whatever nature, by reason of the furnishing of any of the above information. **I specifically understand that this authorization, or a true photocopy thereof, shall continue and may be used as long as I have a relationship with the Company, unless otherwise required by law.** The undersigned applicant hereby certifies that the applicant has received a copy of this notice and has read and understood its contents.

I further authorize the Company to obtain a Vector One report in connection with this contract application. Vector One is a service that provides member insurance companies information about agent debit account balances. The Company may become a participant and subscriber to Vector One.

I further authorize the Company or it's duly authorized representatives to contact any organization or individual who has knowledge of my employment history, credit history, financial status, or record of any criminal history to (a) obtain a record of such history, status or activity and (b) hereby authorize the release of such information by such organization or individual in connection with this application and (c) authorize the Company to release information about any debit balance I may incur to Vector One, its successors, and/or any organization designated to replace Vector One. The authorization shall remain valid and effect during the term of any contract I may have with the Company.

I further authorize the Company or it's duly authorized representatives to release or share any information obtained as a result of this authorization with my Distributor as represented to the Company.

Federal and state laws require the Company to notify you that we will request an investigative report. The Company obtains these reports from Accurate Background LLC. This is an independent firm with corporate headquarters in Irvine, CA. Their mailing address is: 7515 Irvine Center Drive, Irvine, CA 92618. It's toll-free number is 1-800-216-8024. The report will contain applicable information as to your identity, residence, educational history, criminal history, work history, financial history and driving record.

Accurate Background LLC will obtain this information by verifying the accuracy of your application, and by accessing public sources of credit and court information. You may obtain a copy of this report by contacting Accurate Background LLC directly, however, a fee may be required.

Residents of California, Minnesota and Oklahoma, please indicate if you want to receive a copy of the report:

I am a resident of CA, MN or OK. Please send me a copy of my report.

Applicant Name/Entity Name (Please print)	Social Security Number/TIN
Signature of Applicant/Officer of Entity	Date