



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

Certificate of Deposit (CD) Transfer

Questions? Call 800.417.4769, option 2, option 1

Tax Qualified Funds - (It is understood that the current plan qualifies for transfer to an Individual Retirement Account (IRA) under IRS regulations.)

Non-Qualified Funds

Certificate of Deposit

Issued By:

Institution

Department Name - if applicable

Street Address

City

State

ZIP Code

Telephone Number

Certificate of Deposit

Issued To:

Name(s) of Certificate of Deposit Holder

Certificate of Deposit

Number:

Maturity Date

(must be 30 days from current)

I have appointed Phoenix to accept the transfer of assets of said Certificate of Deposit account. I hereby request and direct the following action to be taken in order to transfer the proceeds of the account identified above:

Liquidate Certificate of Deposit:

- On the maturity date of _____ (must not be more than 30 days after the signing date),
- Upon receipt of this request.

The amount requested and directed for payment represents a: (check one)

- Partial transfer of \$** _____
- Full liquidation and transfer by check.**

I am aware of any surrender/withdrawal penalties and income tax consequences which may apply to this transaction, and I authorize the above liquidation and the transfer of the net liquidation proceeds. Please make the check payable to Phoenix and forward the distribution check directly to the address below:

(Signature of Certificate Owner)	Social Security Number	Date
(Signature of Certificate Owner)	Social Security Number	Date

Acceptance of Transfer (to be completed by the Accepting Company)

Please liquidate the above referenced CD. Do not withhold taxes from the proceeds. Please make the check payable to: Phoenix
 Attach a copy of this form to the check and send to the address below.

Phoenix
 Name of Accepting Company

Authorized Signature

Title

Date (Month, Day, Year)

8 0 0 4 1 7 4 7 6 9

Telephone Number

New Policy/Contract Number

Send completed application to:

Phoenix Products Mail Operation
 PO Box 8027
 Boston MA 02266-8027

By Express Mail:

Phoenix Products Mail Operation
 30 Dan Road, Suite 8027
 Canton MA 02021-2809