



PHL Variable Insurance Company (Phoenix)
 Regular Mail: PO Box 8027, Boston MA 02266-8027
 Overnight Mail: 30 Dan Rd., Suite 8027, Canton MA 02021-2809

**Annuity Replacement Comparison
Worksheet**

This form will be rejected if any whiteout is used. A new form will be required. Any changes made to this form require the owner's initials.

Replacement Comparison – Please complete a separate form for any additional contracts being replaced.

Owner Name	Joint Owner Name
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Excluding the current replacement, have you replaced any other annuity contracts within the past 36 months (60 months in CA and MN)? Yes No If "YES", please explain: _____

Product Spec & Features	1st Replaced Contract	2nd Replaced Contract	Proposed Phoenix Contract
Name of Company			PHL Variable Insurance Company
Type of Contract			
Product Name			
Contract Number			
Date of Issue			
Initial Premium/Deposit	\$ _____	\$ _____	\$ _____
Premium Bonus	_____ %	_____ %	_____ %
List any limitations or exclusions of bonus (bonus recapture charge or bonus vesting schedule)	Current year \$ _____ <input type="checkbox"/> N/A	Current year \$ _____ <input type="checkbox"/> N/A	<input type="checkbox"/> Yes - refer to product disclosure for details. <input type="checkbox"/> N/A
Current Accumulation Value	\$ _____	\$ _____	
Current Surrender Charge	\$ _____	\$ _____	
Market Value Adjustment	<input type="checkbox"/> Yes <input type="checkbox"/> No ____ + ____ - \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No ____ + ____ - \$ _____	Yes
Surrender Charge Schedule			
Penalty Free Withdrawal Percentage	_____ %	_____ %	_____ %
Annual Minimum Guaranteed Interest Rate			
Applicable caps, rates, spreads	Participation Rate _____ % Index Cap _____ % Fixed account Rate _____ % Index Spread _____ %	Participation Rate _____ % Index Cap _____ % Fixed account Rate _____ % Index Spread _____ %	Participation Rate _____ % Index Cap _____ % Fixed account Rate _____ % Index Spread _____ %
Credited Interest Rate/Guarantee Period	/	/	/
Applicable fees (e.g. administrative fees, mortality and expense fees)			
Writing Agent			

Rider Comparison			
Rider Spec & Features	1st Replaced Contract	2nd Replaced Contract	Proposed Phoenix Contract
Does the current or proposed contract have an Income Rider? (Information provided for the payout % on the current contract should coincide with the response provided to question 2E within the Annuity Suitability Questionnaire)	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, <input type="checkbox"/> Single <input type="checkbox"/> Spousal Current Benefit Base \$ _____ Roll-Up _____ % Roll-Up Duration (yrs) _____ Payout _____ %	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, <input type="checkbox"/> Single <input type="checkbox"/> Spousal Current Benefit Base \$ _____ Roll-Up _____ % Roll-Up Duration (yrs) _____ Payout _____ %	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, <input type="checkbox"/> Single <input type="checkbox"/> Spousal Benefit Base \$ _____ Roll-Up _____ % Roll-Up Duration (yrs) _____ Payout _____ %
Does the rider require annuitization to activate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Current Rider Fee Percentage	_____ %	_____ %	_____ %
Other riders attached to the contract (e.g. Death Benefit, care benefit)			

Signature	
Owner's Signature	Date (mm/dd/yyyy)
Joint Owner's Signature	Date (mm/dd/yyyy)
Producer's Signature	Date (mm/dd/yyyy)
Second Producer's Signature	Date (mm/dd/yyyy)