



WILLIAM PENN LIFE INSURANCE COMPANY OF NEW YORK

100 QUENTIN ROOSEVELT BOULEVARD • PO BOX 519 • GARDEN CITY, NEW YORK 11530

NOTICE TO INSURER OR PROPOSED REPLACEMENT FORM

PART A - PROPOSED INSURED AND REPLACING AGENT INFORMATION

Proposed insured's name: _____ Date: _____

Agent's name: _____ Phone: _____

Agent's address: _____ Fax: _____

PART B - REPLACED COMPANY INFORMATION

Name: _____

Address: _____

Phone: _____ Fax: _____

PART C - REPLACED POLICY(IES) OR CONTRACT(S) INFORMATION

PLEASE READ CAREFULLY. Please provide disclosure information in accordance with Regulation 60 on the policy(ies)/contract(s) listed below to the replacing agent and William Penn Life Insurance Company of New York. Please forward this information within twenty (20) days to the agent named above, William Penn Life Insurance Company of New York and the agent of record of the existing policy and/or contract.

Replaced policy No. 1: _____ Replaced policy No. 2: _____

Replaced policy No. 3: _____ Replaced policy No. 4: _____

PART D - AUTHORIZATION TO DISCLOSE POLICY INFORMATION

PLEASE READ CAREFULLY. By signing below, I authorize and request the above agent and William Penn Life Insurance Company of New York to obtain account information from my current insurer related to my existing life insurance policy(ies) or annuity contract(s).

Signature of policyowner: _____ Date: _____

Signature of policyowner: _____ Date: _____