

The Penn Insurance and Annuity Company of New York

Administrative Office Mailing Address:

PO Box 390 Millville NJ 08332-0390

P: 1-855-436-0952

Ownership Change Request Form

◆ General Information

Name of Current Owner _____	Name of Annuitant/Insured _____
PIA of NY Policy/Contract Number _____	Phone # _____
Email _____	

◆ Transfer of Ownership

Name of New Owner _____	Relationship to Insured _____
Date of Birth _____	Social Security _____
Phone Number _____	Email _____
Address _____	City _____ State _____ Zip _____

◆ TAX IDENTIFICATION CERTIFICATION (Required for Processing)

I have reviewed the completed information and it correctly reflects my intended change. I also certify that, under penalty of perjury, the Social Security Number shown below is my correct number. Any change indicated above will become effective on the date this form is signed, provided this form has been properly executed upon receipt.

Social Security Number of Current Owner: _____

◆ Disclosures and Signatures

NOTE: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

I have reviewed and completed information and it correctly reflects my intended change. I also certify that, under penalty of perjury, the Social Security Number shown below is my correct number. Any change indicated above will become effective on the date this form is signed, provided this form has been properly executed upon receipt.

Social Security Number of New Owner _____

Legal Signature of New Owner _____	Date _____	*Legal Signature of Current Owner _____	Date _____
------------------------------------	------------	---	------------

* Signature of New Owner must be notarized in order to process these changes.

Affix Notary Seal or Stamp

State of _____

County/City of _____

On this _____ day of _____, 20_____,

before me, personally appeared _____,

known to me or satisfactorily proved to me to be the person who signed this document and acknowledged that he/she executed the document.

Notary Public: _____ My commission expires: _____