

ANNUITY 10 DAY CANCELLATION REQUEST QUALIFIED CONTRACT RECISION REQUEST

♦ INSTRUCTIONS

- ✓ Please type or print
- ✓ Owner's signature is required on this form
- ✓ **The contract must accompany this form.**

♦ GENERAL INFORMATION

Name of Annuitant: _____ Social Security #: _____

PIA of NY Annuity Contract Number(s): _____ Type of Annuity: Qualified

Name of Owner: _____ Non-Qualified

♦ CONTRACT INFORMATION

Non-Qualified Contract
I / We hereby wish to exercise the right to cancel this PIA of NY Annuity Contract # _____, which was delivered to me/us on _____, within the 10 day "Free-Look" period.

Qualified Contract
I / We hereby wish to exercise the right to recind this PIA of NY Qualified Annuity Contract # _____, which was delivered to me/us on _____, within the 10 day "Revocation" period.

♦ DISCLOSURES AND SIGNATURES

I certify that I am the proper party to receive payment from this Annuity and that all information provided by me is true and accurate.

Pursuant to Revenue Procedure 91-70, The Penn Insurance and Annuity Company of New York is required to report all Qualified Annuity Revocations to the Internal Revenue Service.

Any person who knowingly and with intent to defraud any insurer or other person files a 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 subjects such person to criminal and civil penalties.

Signature of Owner

Signature of Joint Owner (if applicable)

Date

Signature of Other Authorized Individual

As**: Power of Attorney

Conservator

Assignee

Irrevocable Beneficiary

**Certified Copy of Appointment and Photo I.D. are required.

NAME OF AGENCY/BANK INTERNAL USE ONLY PRODUCER # BRANCH #