## The Penn Insurance and Annuity Company of New York

Administrative Office Mailing Adress: PO Box 390 Millville NJ 08332-0390 P: 1-855-436-0952

## PREMIUM DEPOSIT/ LOAN PAYMENT FORM

| • | Instructions |   |  |
|---|--------------|---|--|
|   | ~            | Please type or print  |  |
|   | ~            | Owner's signature is required on this form                                  |  |
|   | ~            | Please attach premium deposit or loan payment to this form in area provided |  |
|   | <b>/</b>     | Mail premium deposit or loan payment and form to:                           |  |
|   |              | The Penn Insurance and Annuity Company of New                               |  |

| <ul> <li>✓ Please attach premium deposit or loan payment to this form in area provided</li> <li>✓ Mail premium deposit or loan payment and form to:         <ul> <li>The Penn Insurance and Annuity Company of New York PO Box 390</li> <li>Millville NJ 08332-0390</li> </ul> </li> </ul> |                          |                   |  |  |
|--|--------------------------|-------------------|--|--|
| GENERAL INFORMATION  |                          |                   |  |  |
| Name of Annuitant:   | Social Security #:       |                   |  |  |
| PIA of NY Annuity Contract Number(s):  | Type of Annuity:         | ☐ Qualified       |  |  |
| Name of Owner:   |                          | ☐ Non-Qualified   |  |  |
| • Premium Deposit/Loan Payment Inform  | MATION                   |                   |  |  |
| Type of Payment:   | osit 🔲 Loan Pay          | ment              |  |  |
| Deposit/Loan Payment Amount: \$  | If Qualified, IRA Contri | bution Tax Year   |  |  |
|  |                          |                   |  |  |
| DISCLOSURE AND SIGNATURE   |                          |                   |  |  |
| I understand that deposits into this annuity contract are not bank deposits; are not insured by the FDIC or any other government agency; are not guaranteed by any bank; and that annuities may be subject to investment risk.   |                          |                   |  |  |
| X  |                          |                   |  |  |
| Signature of Owner   | Date                     |                   |  |  |
|  | RNAL USE ONLY            | A DDANOL II       |  |  |
| NAME OF<br>AGENCY/BANK   | PRODUCER #               | # BRANCH #        |  |  |
| Producer's Name (Print):   | Producer's Signature:    |                   |  |  |
| Annuity Plan: Anniversary Date:  | Date                     | Payment Received: |  |  |