

**The Penn Insurance and Annuity Company of New York**

Administrative Office Mailing Address:

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**TAX FREE TRANSFER REQUEST FORM**

**FOR NON-QUALIFIED 1035 EXCHANGES**

**FOR QUALIFIED TRANSFERS AND ROLLOVERS**

◆ **INFORMATION AND INSTRUCTIONS**

- ✓ The new PIA of NY contract must be entitled exactly the same, i.e. Annuitant(s)/Owner(s), as the existing contract. All Owners MUST SIGN the Tax Free Transfer Request Form.
- ✓ Complete a different Tax Free Transfer Request Form for each contract that is being replaced.
- ✓ An original application must accompany the Tax Free Transfer Request Form  
**Please Note:** The new PIA of NY application must be dated the same date as the Tax Free Transfer Request Form.
- ✓ For Qualified Tax Free Exchanges:  
PIA of NY does not currently accept Simple Plans or Qualified Retirement Plans unless converting to an Individual Retirement Annuity(IRA).

◆ **GENERAL INFORMATION**

Name of Annuitant: _____	Social Security #: _____
Name of Joint Annuitant: _____	Social Security #: _____
Name of Owner: _____	Social Security #: _____
Name of Joint Owner (If Applicable): _____	Social Security #: _____

◆ **CONTRACT INFORMATION**

Current Trustee/Issuer Name: \_\_\_\_\_

Current Trustee/Issuer Address: \_\_\_\_\_  
Full Street Address

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip

Current Contract/Account Number: \_\_\_\_\_

The Contract is: (Check One)

- Enclosed       Lost or Destroyed- *I certify that the contract is lost or destroyed. Additionally, I certify that the contract has not been assigned or pledged as collateral.*

◆ **TYPE OF TRANSFER**

- External Tax Free Request, Including 1035 Exchange - *Apply proceeds to Existing Contract number (If Allowed):* \_\_\_\_\_
- Internal PIA of NY Contract    *Existing Contract #:* \_\_\_\_\_
- Non-Qualified, 1035 Exchange
- Qualified, From:  
 IRA     SEP     Simple     Pension/Profit Sharing Plan     Other Qualified Retirement Plan \_\_\_\_\_

*Important Note:* PIA of NY currently does not accept funds into any plan other than a Traditional IRA. Refer to your Financial Advisor for any possible tax consequences.

If Qualified, Indicate One of the following:

- Direct Rollover (UCA-92)       Indirect Rollover       Trustee to Trustee Direct Transfer (Including Rev. Ruling 90-24)

♦ **TRANSFER INSTRUCTIONS**

Current Estimated Value of Contract \$ \_\_\_\_\_  
 (Must Be Completed)

Transfer all the assets in my contract (Required for Non-Qualified - 1035 Exchanges)

Partial transfer of assets (Qualified Plans only) in the amount of \$ \_\_\_\_\_

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Transfer immediately

Transfer assets on: \_\_\_\_\_ (Date MUST be within 30 Days)  
 Mo. Day Yr.

*Important Note for Qualified Accounts:* If you are age 72 or older this year, prior to effecting this transfer you may want to instruct your present trustee/custodian to either (1) pay your Required Minimum Distribution to you now; or (2) retain the amount of your Required Minimum Distribution for distribution later this calendar year.

**SUBMIT FORM ANNO110 - IR ANNUITY REQUIRED ELECTIONS FORM**

♦ **DISCLOSURES AND SIGNATURES**

*For Qualified Contracts:* As the owner of the Contract indicated above, I request the transfer or rollover to The Penn Insurance and Annuity Company of New York (PIA of NY) as sponsor, issuer and carrier of a fixed annuity Contract. I have submitted an application to PIA of NY to establish an account for the purpose of this transaction. I further agree that PIA of NY is not responsible for the tax treatment of this matter and that I am responsible for any withdrawal charges or fees of any kind owed the current company.

*For 1035 Exchanges:* I, the owner(s), assign and transfer to The Penn Insurance and Annuity Company of New York (PIA of NY), all rights, interests and benefits in the current Contract for the sole purpose of effecting an exchange under Section 1035 of the Internal Revenue Code, as amended. I represent and warrant that the current Contract is not subject to any lien or encumbrance, nor is it subject to any legal proceedings of any kind, including bankruptcy. I further agree that PIA of NY is not responsible for the tax treatment of this matter and that I am responsible for any withdrawal charges or fees of any kind owed the current company.

I request that the current company immediately, unless otherwise indicated, complete the transfer, exchange, or rollover. Please do not withhold any amount for taxes from the proceeds.

<b>X</b>	<b>X</b>	
Signature of Owner	Signature of Joint Owner (Required)	Date

  

<b>X</b>	As**: <input type="checkbox"/> Power of Attorney <input type="checkbox"/> Conservator <input type="checkbox"/> Irrevocable Beneficiary **Certified Copy of Appointment and Photo I.D. are required.
Signature of Other Authorized Individual	

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

♦ **ACCEPTANCE (BY HOME OFFICE)**

This is to certify that the above individual has established a:  Tax-qualified  Nonqualified annuity Contract Number: \_\_\_\_\_

The Penn Insurance and Annuity Company of New York (PIA of NY) acknowledges that an application has been received from the Owner(s) or Participant to establish an account for this transaction and requests liquidation of the above referenced Contract. PIA of NY is willing to accept the 1035 Exchange, transfer, or rollover shown to be credited to the account of the Owner(s). Please do not withhold any amount for taxes from the proceeds. **Make the check payable to:**

The Penn Insurance and Annuity Company of New York  
 Attn: Annuity Department  
 PO Box 841305 Boston MA 02284-1305

Accepted By \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_