The Penn Insurance and Annuity Company of New York	
Administrative Office Mailing Adress	

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

PERIODIC DISTRIBUTION

REQUEST FORM

Non-Qualified Contract/Qualified Contract Other Than RMD's

• GENERAL INFORMATION (PLEASE PRINT)

Owner Name:		Contract Number:
Annuitant Name:		Phone Number:
Annuitizing Contract As:	Annuitant	Beneficiary (Please complete New Beneficiary Election)

New Beneficiary Election

All Beneficiaries in one class will share equally, unless otherwise stated. Please complete all Beneficiary(ies) information listed below:				
Name:	Address:			
Relationship to Annuitant:	Date of Birth:		Social Security No.:	
Beneficiary Class: (Check One)	Primary	or	Contingent	Split Percentage:
Name:	Address:			
Relationship to Annuitant:	Date of Birth:		Social Security No.:	
Beneficiary Class: (Check One)	Primary	or	Contingent	Split Percentage:
Name:	Address:			
Relationship to Annuitant:	Date of Birth:		Social Security No .:	
Beneficiary Class: (Check One)	Primary	or	Contingent	Split Percentage:

ANNUITY OPTION ELECTION

Please choose only <u>One</u> option below:					
□ Fixed Period of years	□ Fixed Amount (Gross) \$	Life Only Income			
Life Income - 10 Years Guaranteed Life Income - 15 Years Guaranteed Life Income - 20 Years Guaranteed					
□ Joint and Survivor Life Income	□ Joint Life Income - 2/3 to the Survivor □	I Joint Life Income - 1/2 to the Survivor			

PAYMENT INFORMATION

Payment Frequency:	•	•	□ Semi-Annual unless otherwise stated.)	□ Annual
Payment to Commence:	Month Da			
Mail Check: 🛛 To the add	tress on file	□ Alternate Add	dress	posit
Alternate Mailing Addressee:				
Financial Institute Name:				
Financial Institute Address	6:			
Transit Routing Number:	:		: Please contact you	ur financial institution for correct information.
Account Number:		Ту	pe of Account: D Ch	ecking D Statement Savings

WITHHOLDING ELECTION (FORM W-4P)

YOU MUST COMPLETE THIS SECTION. WE MAY BE REQUIRED TO WITHHOLD TAXES EVEN IF YOU HAVE ELECTED OTHERWISE.					
Federal Withholding Election (Choose One):					
I elect not to have Federal Income Tax withheld.					
I elect to have Federal withholding apply to	this Periodic distribution.				
Marital Satus (check one): 🛛 🛛 Single	□ Married □ Married, but withhold at a higher single rate.				
Deduction Allowances:	I would like an <u>additional</u> amount withheld of \$				
State Withholding Election: Resident State	State specific forms may be required.				
If you reside in IA, MA, ME, NE, OK, or VT - State Income Tax Withholding is required if Federal Tax is withheld. If you reside in NC, OR - You must make an election or elect out of State Income Tax Withholding. If you reside in CA, CT, IN, MD, MO, MT, NJ, NM, UT, WI - you may voluntarily elect State Income Tax Withholding. Note: We do not withhold in states unless required. If you elect State withholding but fail to provide a dollar amount or percentage, we will withhold at a rate of 5.0%					
State Withholding Election (Choose one):	held				
	dic distributions at the rate of% or amount of \$				
DISCLOSURES AND SIGNATURES					
NOTE: 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.					

I certify that I am the proper party to receive payment(s) from this Annuity and that all information provided by me is true and accurate. I further certify that no tax advice has been given to me by The Penn Insurance and Annuity Company of New York (PIA of NY). I understand PIA of NY is required to report all disbursements to the Internal Revenue Service. I further understand that I should consult with a tax professional regarding any tax questions that I have and possible tax consequences resulting from this transaction.

I understand that after the Annuity Start Date and once Annuity Payments commence, this contract may not be surrendered for its cash value and the Annuity Payment Option or amount can not be altered.

If I elected Direct Deposit of my Annuity Payments, I authorize PIA of NY to initiate credit entries, and if necessary, adjustments for any credit entries made in error to my account as indicated above. The privilege of receiving deposits under this plan may be revoked by PIA of NY if any deposit can not be made into the specified account. The deposits under this election may be discontinued by PIA of NY or the undersigned upon ten (10) days written notice. I understand that PIA of NY is relying on the information that I have provided on this form, and further understand that PIA of NY will not be liable for any losses or charges due to incorrect, outdated, or incomplete information that has been provided on this form.

X	X	
Signature of Annuitant	Signature of Joint Annuitant (if applicable) Date
X Signature of Owner	, , , , , , , , , , , , , , , , , , ,	nservator**
X Signature of Other Authorized Individual*	Assignee Irre Beneficiary **Certified Copy of Appointment and P	evocable Beneficiary hoto I.D. are required.
NAME OF AGENCY/BANK	INTERNAL USE ONLY PRODUCER #	BRANCH #