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

Beneficiary Change Request Form

♦ GENERAL INFORMATION

Please Print

Name of Insured:	Policy Number:
Name of Owner:	Owner Phone Number:

♦ CHANGE OF BENEFICIARY INFORMATION

(If additional space is needed, please attach separate sheet)

Classification	Details
☐ Primary ☐ Contingent ☐ Tertiary	Name / Date of Birth / Social Security / Relationship to Insured / Split %* Address (Number, Street) / City / State / Zip / Phone Number
☐ Primary ☐ Contingent ☐ Tertiary	Name / Date of Birth / Social Security / Relationship to Insured / Split %* Address (Number, Street) / City / State / Zip / Phone Number
☐ Primary ☐ Contingent ☐ Tertiary	Name / Date of Birth / Social Security / Relationship to Insured / Split %* Address (Number, Street) / City / State / Zip / Phone Number
☐ Primary ☐ Contingent ☐ Tertiary	Name / Date of Birth / Social Security / Relationship to Insured / Split %* Address (Number, Street) / City / State / Zip / Phone Number
☐ Primary ☐ Contingent ☐ Tertiary	Name / Date of Birth / Social Security / Relationship to Insured / Split %* Address (Number, Street) / City / State / Zip / Phone Number

*Split percentages within designated beneficiary classification must equal 100%. If none specified, benefit will be split equally by class.
IMPORTANT NOTE: The above beneficiary designation replaces all previous designations made under the above policy.

♦ SIGNATURES

The policy owner's signature must be witnessed by a disinterested person for the change to be accepted on all policies if the policy owner currently resides in the state of Massachusetts.

Print Name of Policy Owner	**Signature of Policy Owner**	**Date**
Print Name of Witness	**Signature of Witness**	**Date**