

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

Administrative Office Mailing Address:

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**NON-PERIODIC DISTRIBUTION  
REQUEST FORM**

**• GENERAL INFORMATION**

**(PLEASE PRINT)**

Owner Name: \_\_\_\_\_

Contract Number: \_\_\_\_\_

Annuitant Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Policy Owner's Tax ID or SS#: \_\_\_\_\_

**• TYPE OF DISTRIBUTION**

Partial Surrender/Withdrawal  
\_\_\_\_\_ % of current account value.

This percentage will be withdrawn from your account balance. Your check will be reduced by any Federal and/or State Income Tax withholding elected. Surrender charges may apply, see your contract for details.

\$ \_\_\_\_\_ specific dollar amount.

Your check will be reduced by any Federal and/or State Income Tax withholding elected. Surrender charges may apply.

10% Free Amount. (see Contract provisions)

Your check will be reduced by any Federal and/or State Income Tax withholding elected.

Contract Loan  
Important Note: See your contract for Loan provisions and maximum allowable loaned value.

\_\_\_\_\_ % of current account value.  
This percentage will be withdrawn from your account balance. Federal and/or State Income Tax charges, if elected, will then be deducted from this amount to determine your check amount.

\$ \_\_\_\_\_ specific dollar amount.  
Your check will be reduced by any Federal and/or State Income Tax withholding elected.

**• MAILING ADDRESS**

Mail Check:  To the address on file  Direct Deposit

Financial Institute Name: \_\_\_\_\_

Financial Institute Address: \_\_\_\_\_

Transit Routing Number: |: \_\_\_\_\_ |: Please contact your financial institution for correct information.

Account Number: \_\_\_\_\_ Type of Account:  Checking  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 Federal withholding from this nonperiodic distribution at the rate of \_\_\_\_\_ % (min. 10%) or amount of \$ \_\_\_\_\_.

**State Withholding Election:**

If you reside in CT, mandatory 6.99% will be withheld from the taxable amount unless a completed Form CT-W4P election has been submitted for use in calculating the withholding amount.

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, 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):**

I elect not to have State Income Tax withheld.

I elect State withholding from this nonperiodic distribution at the rate of \_\_\_\_\_ % or amount of \$ \_\_\_\_\_.

**• TYPE OF DISTRIBUTION - FOR ANNUITY CONTACTS ONLY**

- Premature Distribution  
(Contract Owner has not reached age 59½ -Annuity Only)
- Disability  
(As defined by IRC Section 72(m)(7))
- Terminal Illness Rider  
(If eligible, verification required)
- Excess IRA Contributions Plus Earnings  
(Tax Year \_\_\_\_\_ )
- Normal Distribution  
(Contract Owner is at least 59½ - Annuity Only)
- Guaranteed Principal Rider
- Nursing Care Facility Waiver  
(If eligible, verification required)

**• DISCLOSURES AND SIGNATURES**

NOTE: For purpose of this disbursement request, the value of the contract will be determined on the day the transaction is processed. If all required information is not provided, this disbursement request will be returned to you for completion. 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 policy/contract and that all information provided by me is true and accurate. The Penn Insurance and Annuity Company of NY (PIANY) Life is required to report all disbursements to the Internal Revenue Service. I have also been advised to consult with a tax professional regarding any possible tax consequences resulting from this transaction. I further certify that no tax advice has been given to me by the issuer.

All decisions regarding this withdrawal are my own. I expressly assume the responsibility for any adverse consequences which may arise from this withdrawal and I agree that the issuer shall in no way be held responsible. If I elected Direct Deposit of my distribution, I authorize PIANY Life 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 the Company if any deposit cannot be made into the specified account. I understand that PIANY Life is relying on the information that I have provided on this form, and I further understand that PIANY Life will not be liable for any losses or charges due to incorrect, outdated, or incomplete information that has been provided on this form.

**• TAX IDENTIFICATION CERTIFICATION (REQUIRED FOR PROCESSING)**

I have reviewed the completed information and it correctly reflects my intended change. I also certify that, under penalty of perjury, the Social Security Number shown below is my correct number. Any change indicated above will become effective on the date this form is signed, provided this form has been properly executed upon receipt.

Social Security Number \_\_\_\_\_

\_\_\_\_\_  
Legal Signature of Current Owner Date (mm/dd/yyyy)

\_\_\_\_\_  
\*Signature of Authorized Individual Date (mm/dd/yyyy)

As\*:  Assignee  New Owner  Irrevocable Beneficiary  Power of Attorney\*\*  Conservator\*\*

\*\* Certified copy of Appointment required

Agency \_\_\_\_\_ Branch # \_\_\_\_\_ Producer # \_\_\_\_\_

**• NOTARY**

Affix Notary Seal or Stamp

State of \_\_\_\_\_  
 County/City of \_\_\_\_\_  
 On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_,  
 before me, personally appeared \_\_\_\_\_  
 known to me or satisfactorily proved to me to be the person who signed this  
 document and acknowledged that he/she executed the document.  
 Notary Public: \_\_\_\_\_  
 My commission expires: \_\_\_\_\_