



WILLIAM PENN LIFE INSURANCE COMPANY OF NEW YORK

100 QUENTIN ROOSEVELT BOULEVARD • PO BOX 519 • GARDEN CITY, NEW YORK 11530

POLICY CHANGE APPLICATION

(Submit Separate Application for Each Policy)

WILLIAM PENN LIFE INSURANCE COMPANY OF NEW YORK is hereby requested to make the following changes on Policy No. _____ effective (date of change) _____. Amount paid with this application \$ _____.

☐ 1. ADD \$ _____ Accident Indemnity Benefit - Amount of insurance in force and/or pending in all companies is Life \$ _____ AI \$ _____ Present Occupation _____

☐ 2. ADD Waiver of Premium Benefit

☐ 3. TERMINATE (Riders or Benefits) _____ (Policy enclosed)

☐ 4. OTHER _____

☐ 5. CONVERT/REISSUE (the above policy enclosed) to \$ _____ (Amount) _____ (Kind of Policy)

policy with _____ (Additional Benefits such as A.I., W.P., etc.)

the date of issue of new policy to be _____ at age _____ with a premium of \$ _____

Payable ☐ Ann. ☐ S.A. ☐ Qtr. ☐ Mo. ☐ PAC ☐ Auto Ck. ☐ G.A. ☐ Other

it being understood that all insurance under said existing policy shall cease immediately when the new policy takes effect. The new policy shall have the same beneficiary designation as the old policy unless a Change of Beneficiary Form is completed.

SPECIAL REQUESTS

* IF WRITTEN EVIDENCE OF INSURABILITY IS REQUIRED, COMPLETE PART II - NON-MEDICAL DECLARATIONS

I agree that this application (including any written evidence of insurability submitted herewith) for additional benefits, reinstatement policy changes and/or conversion shall be an amendment to the original application for the policy and shall become a part of the policy. It is understood that the period of time referred to under the provision entitled "Suicide" and "Incontestability" of any new policy issued as a conversion shall be construed to be from the Effective Date of the original policy except as limited under any reinstatement provision. If application is made for reinstatement and/or reissue I agree that such reinstatement and/or reissue of the policy, as granted by the Company upon this application, shall be contestable at any time within two years from the date of approval, unless a policy provision, rider or endorsement states otherwise.

I hereby declare that all the above statements are full, complete and true to the best of my knowledge and belief.

Signed at _____ this _____ day of _____, 20 _____.

Witness

Owner

Witness

Other Required Signature

NOTICE AS REQUIRED BY THE FAIR CREDIT REPORTING ACT Detach and Keep For Your Records

We are required to tell you that a consumer report about you may be made; this is a normal part of our processing of your application. The people making the report will talk to your friends, neighbors, family members, co-workers and others having knowledge of you; they will ask about your business and personal life. You have a right to ask us in writing whether such a report was prepared; we must give you the name and address of the Agency which made the report, if any. The Agent will give you a copy of the report if you ask them for it.

NOTICE WITH REGARD TO THE MEDICAL INFORMATION BUREAU (MIB)

We will treat the data you give us in confidence; we will give it to our reinsurers, and make a brief report to the MIB. MIB is a non-profit data center of which most life companies are members; it collects and exchanges data on behalf of its members. It will give the data in its files about you only to a member life company to which you have applied for a policy or make a claim.

If you ask for it, MIB will give you the data it has in its files about you, except for medical data; it will give medical data only to your doctor at your request. If you question the accuracy of the data in your file, you can ask that it be corrected by using the method set forth in the Federal Fair Credit Reporting Act. Write to the MIB at: P.O. Box 105, Essex Station, Boston, MA 02112; or call (617) 426-3660. William Penn Life and its reinsurers may also give data about you to other life companies, if you apply to them for a policy or make a claim. Please see above for a notice about the Fair Credit Act.

(To be completed by the Company at its Home Office)

This change has been approved and recorded by the Company.

Change recorded _____

William Penn Life Insurance Company of New York

By _____
(Title)

Code No.	Agent's Signature	Printed Name
Code No.	Agent's Signature	Printed Name
Code No.	AGA Signature	Printed Name
	General Agent's Signature	Printed Name