WILLIAM PENN LIFE INSURANCE COMPANY OF NEW YORK
3275 Bennett Creek Avenue
Frederick, MD 21704-7608
(800) 346-4773

REQUEST FOR ADDRESS CHANGE

Insured: _____

Policy Number (required): _____

I. Instructions:

1. A separate request must be completed for each policy.
2. Please print (in black ink) or type all information except signatures.
3. Remit the completed form to William Penn Life insurance Company of New York.

II. Please complete your request below (Please Print):

I elect to change the address of the following:

☐ Policy Owner	☐ Additional Payor	☐ Collateral Assignee
☐ Insured	☐ Beneficiary	
☐ Premium Payor	☐ 3rd Party Authorization	

PLEASE NOTE: Changes submitted on this form are for ADDRESS ONLY and cannot be used to update other policy relationships (i.e. Beneficiary, Ownership)

Name _____ _____ _____
First Middle Last

Address _____

Address _____

Address _____

_____ _____ _____
City State Zip Code

Phone Number _____ _____
Home Cell

Email Address _____

III. Required Signatures:

If the policy is owned by a business, at least one authorized officer must sign, date and list their title under Required Signatures. In addition, this form should be accompanied by a list of signing officers, their titles and signatures for our records.

_____ _____
Signature of Policy Owner (title if applicable) Date

_____ _____
Signature of Assignee (title if applicable) Date

_____ _____
Signature for other relationship Date

Contact Information

William Penn Life Insurance Company of New York
3275 Bennett Creek Avenue
Frederick, Maryland 21704

Telephone: 1 (800) 346-4773
Fax: 1 (516) 229-3081
Email: customerservice@wpenn.com
Faxed, emailed or mailed copies will be accepted.

For policy information, forms, online payments, secure messaging and other self service options, please visit www.wpenn.com