

WILLIAM PENN LIFE INSURANCE **COMPANY OF NEW YORK**

REQUEST FOR ADDRESS CHANGE

Legal & \> General		3275 Bennett Creek Avenue Frederick, MD 21704-7608		Insured: Policy Number (required):		
	AMERICA	(800) 346-4773	Poli	cy Number (required):	
I.	 A separa Please p 	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 Ad	ditional Payor	Collate	eral Assignee	
		Insured Be	neficiary			
		Premium Payor 3rd	d Party Authorization			
	PLEASE NOTE: Changes submitted on this form are for <u>ADDRESS ONLY</u> and cannot be used to update other policy relationships (i.e. Beneficiary Ownership)					
	Name	- NC L	и.			
	First Middle			Last		
	AddressAddress					
	Address					
	Cit	у	State		Zip Code	
	Phone Number	er				
		Home	С	ell		
	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 P	olicy Owner (title if applicable)		_	Date	
	Signature of A	ssignee (title if applicable)		_	Date	
	Signature for o	other relationship		_	Date	
	Contact Information					
	William F	General America Penn Life Insurance Company of New nnett Creek Avenue	York Fax: 1 (516	: 1 (800) 346-4773 6) 229-3081 tomerservice@wpel	nn.com	

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

Faxed, emailed or mailed copies will be accepted.

Frederick, Maryland 21704