



WILLIAM PENN LIFE INSURANCE COMPANY OF NEW YORK

3275 Bennett Creek Avenue
Frederick, Maryland 21704
800-346-4773

BENEFICIARY DESIGNATION FORM

Instructions:

To expedite processing of your beneficiary designation request, please complete the accompanying form in its entirety.

- Use a black ink pen and print clearly (no cursive except for signatures).
- Provide the full name, address, SSN or Tax ID Number, Telephone Number and Date of Birth (if applicable) for all beneficiaries.
Ensure the percentage totals equal 100%. (The allocation of the policy benefit should be a percentage, not a dollar amount.)
- Ensure the form contains all applicable signatures.
- Attach an additional page, signed and dated if designating more than 4 Primary or 3 Contingent Beneficiaries.
Include the applicable supporting documents.

Signature and Supporting Documentation Requirements

The policy owner must sign and date the beneficiary designation form.

If your original life insurance application was electronically signed and we do not have a record of your signature on file, please see the requirements for supporting documentation to ensure efficient processing of your request.

If the Policy Owner is	Requirements
An individual and the policy benefit is less than \$500,000	The policy owner must sign the form and include: ☐ A copy of valid driver's license or state ID
An individual and the policy benefit is \$500,000 or more	The policy owner must sign the form and include: ☐ A completed notary section on the form (the policy owner's signature must be notarized)
More than one individual (multiple persons, trusts or corporations)	All policy owners must sign the form.
A corporation	An authorized officer other than the insured must sign the form, indicate their title and include: ☐ A list of authorized officers and their signatures on company letterhead
A partnership	A general partner other than the insured must sign the form and indicate their title.
A trust	All trustees must sign the form, indicate their title and include: ☐ The first and signature pages of the trust or completed form LU-1277WP

Additional Signatures

- Any irrevocable beneficiary must sign and indicate title if necessary.
- In community property states, you may need to obtain the signature of the policy owner's spouse.

BENEFICIARY DESIGNATION INFORMATION

The beneficiary designation form is an IMPORTANT DOCUMENT concerning your insurance coverage. Please read the following carefully. If multiple Primary Beneficiaries or Contingent Beneficiaries are named and no percentage distribution is noted, then any proceeds payable to such beneficiaries will be split equally. Unless otherwise specified, if there is more than one Primary Beneficiary and one predeceases the insured, benefits will be paid to the surviving Primary Beneficiaries according to their respective interests. If no Primary Beneficiaries survive the insured, benefits will be paid to the designated Contingent Beneficiaries. In the event that no Primary or Contingent Beneficiary survives the insured, benefits will be paid to any designated Tertiary Beneficiary, or if none, as specified according to the terms of the policy. Beneficiary designation changes may have legal or tax consequences, please consult your legal or tax advisor to discuss your individual needs. Once received, the beneficiary designation will replace **all** prior designations for the indicated policy.

Examples of Frequently Used Beneficiary Designations

Proposed Beneficiary	Suggested Wording
One beneficiary	Jane Jones Doe, wife.
All children (unnamed)	To all my lawful children, in equal shares with rights of survivorship. (Unless specified, proceeds will be paid to all surviving lawful children.)
Minor children	John Smith, custodian for Mary Doe, a minor, under the Uniform Transfers to Minors Act (UTMA). [Benefits cannot be paid to minor children unless to a custodian under UTMA or a court appointed financial guardian or guardian of the minor's estate.]
An existing trust	The John Doe Irrevocable Trust dated 1/1/2001, Eric Smith trustee.
A trust under a last will and testament	Trustee under my last will and testament as shall be admitted to probate. [Should only be used if an appropriate trust has been set forth within the insured's will].
Estate	To my Estate.
Non-profit organization	Name and address of the beneficiary organization.
Children, per stirpes	To all my lawful children, per stirpes. (Surviving grandchildren of a predeceased child will equally share that child's portion. This option could also be used for named children).
Specified secondary beneficiary	Jane Jones Doe, wife, if predeceased then Mary Ann Doe, sister. (Used to designate a Secondary Beneficiary rather than distribute a predeceasing Primary Beneficiary's share to the remaining Primary Beneficiaries. Please provide Date of Birth and SSN or Tax ID # for the Secondary Beneficiary on a separate page).
Irrevocable beneficiary	Jane Jones Doe, wife, irrevocable beneficiary

Contact Information

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

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



WILLIAM PENN LIFE INSURANCE COMPANY OF NEW YORK

3275 Bennett Creek Avenue
Frederick, Maryland 21704
800-346-4773

BENEFICIARY DESIGNATION FORM

Insured: _____ Policy Number: _____

1. The policy proceeds payable upon the death of the insured will be paid to the beneficiaries named herein. The rights of the beneficiary will be subject to the rights of any assignee on record. If no percentage is provided, proceeds will be divided equally among all surviving beneficiaries. All prior designations of Primary and Contingent beneficiaries are hereby revoked.

Primary Beneficiary (if additional space is needed, please attach a separate page, signed and dated. SSN or Tax ID # and Date of Birth are REQUIRED.)

Name _____ SSN or Tax ID # _____

Address _____ Date of Birth _____

City, State _____ Zip _____ Telephone # _____

Relationship to Insured _____ % Share _____

Name _____ SSN or Tax ID # _____

Address _____ Date of Birth _____

City, State _____ Zip _____ Telephone # _____

Relationship to Insured _____ % Share _____

Name _____ SSN or Tax ID # _____

Address _____ Date of Birth _____

City, State _____ Zip _____ Telephone # _____

Relationship to Insured _____ % Share _____

Name _____ SSN or Tax ID # _____

Address _____ Date of Birth _____

City, State _____ Zip _____ Telephone # _____

Relationship to Insured _____ % Share _____

Contingent Beneficiary (If additional space is needed, please attach a separate page, signed and dated. SSN or Tax ID # and Date of Birth are REQUIRED.) A Contingent Beneficiary will receive the benefits in the event no Primary Beneficiary is living or exists at the time of the insured's death.

Name _____ SSN or Tax ID # _____

Address _____ Date of Birth _____

City, State _____ Zip _____ Telephone # _____

Relationship to Insured _____ % Share _____

Name _____ SSN or Tax ID # _____

Address _____ Date of Birth _____

City, State _____ Zip _____ Telephone # _____

Relationship to Insured _____ % Share _____

Contingent Beneficiary (continued)

Name _____ SSN or Tax ID # _____
Address _____ Date of Birth _____
City, State _____ Zip _____ Telephone # _____
Relationship to Insured _____ % Share _____

2. No proceedings in bankruptcy or insolvency, voluntary or involuntary, are pending against the undersigned, nor is the undersigned under guardianship or any other legal disability. This designation shall be invalid if the person making it does not have the right to change the beneficiary under the policy specified. Any payment made by William Penn Life Insurance Company of New York in good faith pursuant to the foregoing designation shall fully discharge William Penn Life Insurance Company of New York of its liability under the policy.

Required Signatures:

_____ Print Policy Owner Name		_____ Street Address
_____ Signature of Policy Owner / Title	_____ Date	_____ City, State, Zip
_____ Additional Signature** (if necessary)	_____ Date	_____ Telephone Number, Email Address

** AZ, CA, ID, LA, NV, NM, TX, WA, WI, and Puerto Rico are community property law states. These laws may apply depending on your current marital status, marital status at the time of policy issuance, state where your policy was issued, residence state at time of issuance, and residence state(s) since issuance. Consult with your legal or tax advisor to determine whether these laws apply to you and whether a spousal signature is required on this form. William Penn Life Insurance Company of New York disclaims any responsibility for determining the applicability of community property laws or the validity of the requested change.

Notary signature required for Individual Policy Owner if the policy benefit is \$500,000 or more (see instructions).

Before me personally came _____ (Affix Notary Seal)
known to be the person whose name is subscribed to the foregoing instrument and
acknowledges (s)he executed the same.

Notary Public in and for the state and county shown below Date

State County

3. To process your request without delay, please make sure the following have been completed:

- ☐ Did all Policy Owner(s) sign and date the form?
- ☐ Did you include the required supporting documentation, such as a copy of the Policy Owner's driver's license or state ID or notary signature for the Policy Owner?
- ☐ Did you provide the address, SSN or Tax ID #, Telephone # and Date of Birth for all beneficiaries?
- ☐ Do the percentage totals equal 100%?
- ☐ Did you include the spousal signature or an additional signature if applicable?
- ☐ If you designated more than 4 Primary or 3 Contingent Beneficiaries, did you attach an additional page, signed and dated?



WILLIAM PENN LIFE INSURANCE COMPANY OF NEW YORK

3275 Bennett Creek Avenue
Frederick, Maryland 21704
(800) 346-4773

TRUST CERTIFICATION

Section 1 Purpose of this Form

This form is used for situations where a Trust is the owner or the beneficiary of the life insurance policy issued by our Company. The Trustee(s) should complete and execute this form.

Section 2 General Information

Proposed Insured name _____

Name of Trust _____

State where created _____ Date Trust created _____ Tax ID # _____

- If a living Trust, then the Tax ID may be the same as the grantor's SSN.

Section 3 Type of Trust (check all boxes that apply)

Trust is:

☐ Revocable Trust ☐ Testamentary Trust under the last will and testament of _____

☐ Irrevocable Trust Date of death _____ Date will was executed _____

AND

Trust is:

☐ Family Trust ☐ Trusteed Buy/Sell ☐ Charity Trust

☐ Insurance Trust ☐ Employer Sponsored Trust ☐ Other type of Trust _____

Section 4 Grantor(s)

Identification information of the Grantor/Settlor(s) who established the Trust:

Name _____

Address _____ City, State, Zip _____

Name _____

Address _____ City, State, Zip _____

Section 5 Beneficiary(ies)

Names and relationships of the beneficiaries of the Trust:

Name _____ Relationship to Proposed Insured/Insured _____

Name _____ Relationship to Proposed Insured/Insured _____

Name _____ Relationship to Proposed Insured/Insured _____

Section 6 Trustee(s)

For multiple Trustees ONLY, please print the names of all Trustees and check one of the following boxes (if no box is checked, the Company will require all signatures on all policy requests).

☐ A majority may act for all

☐ All must act unanimously

☐ Anyone may act alone

☐ Certain trustees must act jointly (print names below)

Trustee #1 _____ Trustee #2 _____ Trustee #3 _____

Note: If the Insurance Producer is a Trustee, please provide the reason and relationship of that individual to the insured.

☐ Immediate family member or ☐ Other _____

Reason _____

I the undersigned Trustee(s) do hereby certify and affirm the following:

1. All information provided on this Certification is accurate and complete.
2. The named trust is currently in effect and has not been revoked, modified or amended in any manner that would cause the representations in this Certification to be incorrect.
3. I/We acknowledge and agree that the Company is relying exclusively on the representations in this Certification and not upon a review of the trust document, even if the trust document has been or is later provided. The Company is permitted to rely upon the representations in this Certification, unless or until notice of any change, amendment, or revocation is provided in writing and delivered to the Company.
4. I/We are duly authorized to act as trustee(s) under the terms of the trust provision and /or applicable law. I/We have the power to exercise all rights associated with ownership of a life insurance policy, including, but not limited to, purchase, surrender, selection of and transfers between variable funding options, withdrawal of funds, taking a loan or other encumbrment and assigning the policy.
5. Beneficial interests under the Trust can and will only be established for persons who: (i) are related to the Proposed Insured(s) by blood or by law; (ii) have a substantial interest in the life of the Proposed Insured(s) engendered by love and affection; or (iii) hold a lawful and substantial economic interest in the continued life of the Proposed Insured(s).
6. If licensed to sell life insurance for the Company the undersigned trustee has reviewed and has abided by the Company's guidelines on producers acting as trustees.
7. Each of the undersigned, jointly and severally, individually, and as trustee, indemnifies the Company and agrees to hold the Company harmless against all obligations, demands, losses or liabilities (including attorney's fees) that the Company incurred, suffered or paid or may incur, suffer or pay in the future because of the Company's reliance on this Certification and/or transactions or actions by the undersigned. By indemnifying the Company, each of the undersigned, jointly and severally, individually, and as trustee, indemnifies the Company's agents, officers, employees. This indemnification shall survive termination of this document or the life insurance policy.
8. I/We understand that neither the Company nor its agents are responsible for the estate planning and tax implications of this sale, that they may not give legal or tax advice and that the Company's acceptance of this Certification is not an endorsement of the named trust. I/we have the opportunity to consult with an independent attorney and /or tax advisor, to the extent necessary, before executing this Certification.
9. I/We agree to inform the Company in writing of any trust amendments, changes of trustee(s), or other facts and events that would affect or alter this Certification.
10. For life insurance policy/policies being applied for, the Proposed insured has been informed or is otherwise aware that a policy is being purchased on his/her life.
11. The Trustee(s) may be named as policy owner(s) and have the power to exercise all rights of ownership of a life insurance policy, including, but not limited to, the right to surrender the policy(ies), take a loan or withdrawal, or make changes in the allocation of any invested premium amounts.
12. The Trustee(s) may purchase life insurance in the state in which it is applied for and delivered in, apply for the policy, and invest trust funds in the policy(ies).

Signatures

Print name of Trustee #1 _____

Address _____

Signature _____ Date _____

Print name of Trustee #2 _____

Address _____

Signature _____ Date _____

Print name of Trustee #3 _____

Address _____

Signature _____ Date _____

Note: If more than three Trustees please provide the Trustee names, addresses, signatures, and dates on an additional sheet of paper and attach that paper to this form.