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

ILLUSTRATION REQUEST FORM

(Please Print Clearly)

Insured: _____ Policy Number: _____

Policy Owner: _____ Request Date: _____

Requirements:

1. **Illustrations cannot be processed for Whole Life.**
2. **Illustrations request for conversions must be processed by the General Agent.**
3. **Policy must be active and not in the grace period.**
4. **Authorization must be on file if this request is not being submitted by the policy owner.**
5. **Illustrations are sent via US mail, fax or e-mail.**
6. **Policy must be in force for more than one year.**
7. **The first projection in any policy year will be provided without a service fee. Extra projections will be provided upon request and we reserve the right to charge a service fee of $25.00 for each additional request.**

Please specify the type of illustration:

☐ In force with current planned premium

☐ Change in frequency of premium payment ☐ Direct Bill ☐ Electronic Funds Transfer (EFT Available for all payment frequencies)

☐ Premium solve to maturity (maturity assumed to be that of the product, use the next option for specific age or year)

☐ Minimum premium solve to ☐ age _____ ☐ policy year _____

☐ Cost of insurance (increasing premium) Use existing cash value? ☐ Yes ☐ No

☐ Face decrease to $ _____ (decreases are subject to the minimums specified in the policy contract)

☐ Face increase to $ _____ (increases in benefits are subject to underwriting approval)

☐ Death benefit option change (increases in benefits are subject to underwriting approval)

☐ Partial surrender/withdrawal of $ _____

☐ Other (please describe below)

_____

_____

If policy has an outstanding loan, please indicate if the loan interest is assumed to be ☐ repaid ☐ not repaid

For Variable Universal Life policies, please specify the interest rate for projection _____%

Return illustration to ☐ Policy Owner ☐ GA/agent ☐ Authorized third party

Fax number: _____ Attention to: _____

Mailing address: _____ Requestor Phone Number: _____

_____ Requestor E-mail: _____

_____

Please return the completed form to our Illustration Department at customerservice@wpenn.com, fax to 516-229-3081 or mail to the address above. Should you have any questions or need additional information, please contact our Administrative Services Department at customerservice@wpenn.com or call us at (800)346-4773.