



William Penn Life Insurance Company of New York

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

OWNERSHIP CHANGE FORM (Please Print Clearly)

Insured: _____ Policy Number: _____

I. Please complete your request below: SSN or Tax ID# and Date of Birth are REQUIRED.

Current Owner Name _____

New Owner Name _____

SSN or Tax ID # _____

New Owner Address _____

Date of Birth _____

City, State _____ Zip _____

Telephone # _____

Relationship to Proposed Insured _____

If Owner is a business, web site address _____

Email address _____

Payor (Will be Owner unless otherwise indicated in this section.)

Send premium notices to: ☐ Insured ☐ Other - If Other, complete the information below

Name _____

Telephone # _____

Address _____

Email address _____

City, State _____ Zip _____

Relationship to Proposed Insured/Owner(s) _____

II. Required Signatures:

Signature of Current Policy Owner (Required)

Date

Signature of New Policy Owner (Required)

Date

Additional Signature of Current Policy Owner Spouse** (if necessary)

Date

** 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.

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

- ☐ Did the Current and New Policy Owner(s) sign and date the form?
- ☐ Did you provide the SSN or Tax ID #, Telephone # and Date of Birth for the New Owner?
- ☐ Did you enclose the Trust, if listed as New Owner?
- ☐ Did you include the spousal signature if applicable?
- ☐ Did you include an additional signature if applicable?



How to complete if...

Current Owner is a Trust	Please provide complete copy of trust.
Current Owner is a Business	An authorized officer must sign and indicate their title.
Current Owner is Deceased	Please provide a copy of the death certificate along with a Letter of Testamentary or a Letter of Appointment.
New Owner is a Trust	Please provide the full name and trust date, all pages of the trust document and TIN for the trust, names and signatures of all trustees.
New Owner is a Business	Please provide documentation on company letterhead, of who can sign on behalf of the business, listing the officer's full name, signature and title. If the current owner is a business as well, please have the same officer who originally signed the application sign the ownership request. If this person is unavailable, please provide documentation of another authorized person who can sign on behalf of the business and include their full name, signature and title.

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, email or mailed copies will be accepted



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 encumbrance 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.