WILLIAM PENN ASSOCIATION

709 Brighton Rd., Pittsburgh, PA 15233-1821 • 412-231-2979 • Fax: 412-231-8535 • Toll-Free: 1-800-848-7366

Web Form

CERTIFICATE (POLICY) SERVICE REQUEST FORM

(TO BE COMPLETED BY OWNER OF THE INSURANCE CONTRACT)

NAME OF INSURED _____ **CONTRACT NUMBER** _____ **BRANCH NUMBER** _____

1. WITHDRAWAL FROM NON-QUALIFIED ANNUITY

Complete a withdrawal in the amount of: $ _____

The withdrawal is to be: ☐ Paid in cash. ☐ Paid in accordance with instructions in Part 5 - Miscellaneous

2. SURRENDER FOR CASH VALUE

Payment in cash of current net contract value: ☐ Life ☐ Annuity ☐ 1035 Exchange ☐ IRA Transfer

William Penn Association is released, acquitted and discharged from all claims and/or liabilities under this contract, if any, which may now or hereafter exist. The payment represents the full amount due under the contract.

(NOTE: The contract must be returned for cancellation.)

3. ASSIGNMENT OF OWNERSHIP:

CONTRACT #_____ **Plan:**_____ **Issue Date:**_____

_____ _____

NEW OWNER'S NAME (hereinafter called the assignee) **SOCIAL SECURITY or TAX ID NO.**

ADDRESS:_____ **DATE OF BIRTH:**_____

The undersigned hereby assigns, transfers and sets over all rights, titles, interests and incidents of ownership in said contract unto said Assignee(s) as the separate property and estate of said Assignee(s) with the right to exercise all rights, benefits, privileges and options contained therein to receive dividends or any cash, loans or other values, if any, to change the beneficiary, to assign the contract, and to agree with the Association as to any release, modification or amendment to said contract. It is further understood and agreed that any provision in this contract requiring endorsement on the contract to effect this change is hereby waived and this change shall become effective on the date on which it is recorded at the Home Office of the William Penn Association. The William Penn Association assumes no responsibility for its validity or legal effect.

4. DUPLICATE CONTRACT: The original contract, of which I am the owner, has been lost or destroyed under the following circumstances: (Please explain below)

_____

I further certify and agree that, in consideration of issuance of a substitute contract by the Association, I do hereby waive all rights under the original contract for myself, my beneficiaries, my heirs and assigns, and in the event that the original contract again comes into my possession, I agree to immediately surrender same to the Home Office of the William Penn Association.

5. MISCELLANEOUS - This section may be used to further explain any requests made in other parts of this form or to make other requests.

Signed at:_____ this _____ day of _____, 20_____.

_____ _____

Signature of Witness Signature of Insured/Owner

_____ _____-_____-_____

Signature of Assignee (if applicable) SOCIAL SECURITY NUMBER

(Checks will not be issued without completion of Social Security Number and proof of identification)

TO BE COMPLETED BY WILLIAM PENN ASSOCIATION - Date Received:_____ **By:**_____