☐ **The Penn Mutual Life Insurance Company**
Philadelphia, PA 19172

☐ **The Penn Insurance and Annuity Company**
Philadelphia, PA 19172

OWNER AND BENEFICIARY DESIGNATION

Company Use Only
Original of this instrument is filed with the company
Date _____ **By** _____

A. INFORMATION

POLICY NUMBER(S): _____ POLICYOWNER(S): _____

INSURED: _____ DAYTIME PHONE NUMBER: _____

B. CHANGE OF OWNERSHIP

COMPLETE SECTIONS (B) THROUGH (D) IF YOU ARE CHANGING OWNERSHIP OF THIS POLICY(IES).

ALL PRIVILEGES OF OWNERSHIP WILL REMAIN UNCHANGED UNLESS OTHERWISE INDICATED BELOW.

PRIMARY OWNER	
CONTINGENT OWNERS	
FINAL OWNER	Select only one ☐ Insured ☐ Executors or Administrators of Last Surviving Owner

Check one of the following:

☐ **For value received $** _____
(This information is necessary for federal tax reporting purposes.)

☐ **Without valuable consideration**

NEW POLICYOWNER'S INFORMATION

Address: _____

_____

Tax Identification Number: _____
(Social Security or Employer ID number if a Corporation or Trust)

Date of Birth _____

Notices for policy(ies) numbered above should be sent to: ☐ New Policyowner's Address ☐ Present Name and Address on record

C. CHANGE OF BENEFICIARY

NAME(S) OF PRIMARY BENEFICIARY(IES)	ADDRESS	DATE OF BIRTH	SOCIAL SECURITY NO.	RELATIONSHIP TO INSURED

NAME(S) OF CONTINGENT BENEFICIARY(IES)	ADDRESS	DATE OF BIRTH	SOCIAL SECURITY NO.	RELATIONSHIP TO INSURED

FINAL BENEFICIARY: ☐ The Executors or Administrators of the Insured ☐ Last Surviving Beneficiary
(Select only one) ☐ Last Survivor of all Beneficiaries and Insured

ADDITIONAL PROVISION: ☐ Payment by Representation - applies only to the children of the Insured.

D. SIGNATURE

REMARKS: Please sign this form and return it to the address below. If there is more than one owner, all owners must sign. A confirmation of this change will be forwarded to the original Policyowner(s).

REPRESENTATION: The Policyowner(s) represents that no bankruptcy or insolvency proceedings are pending with respect to Policyowner(s). **GENERAL PROVISIONS** are a part of this designation.

Signed On _____ _____
Signature of Present Policyowner(s) or Applicant
(If Corporate owned, need two authorized officers to sign with titles)

at _____ State of _____ _____
Witness Signature (required for State of Massachusetts)

Where to Mail This Form: The Penn Mutual Life Insurance Company
P.O. Box 178
Philadelphia, PA 19105-0178

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