

Instructions			
<ul style="list-style-type: none"> <li>For each new owner designation please complete all required information; review for accuracy, sign and return the form to the address or fax number listed below. For more detailed instructions, please see page 4 of this form.</li> <li>Please note the Application revokes all previous owner designations. Therefore, even if a primary owner or a contingent owner is to remain the same, such owner must be restated on this form.</li> </ul>			
Insured Information			
Policy Number(s)			
Insured(s)		Daytime Telephone Number	
Current Policy Owner(s)			
Primary Owner Designation			
Please change the Owner of the policy listed above to (Select from options A, B, C or D). If no contingent owner is designated, the estate of the owner or the estate of the last joint owner to die will succeed to all the rights and privileges of ownership.			
<input type="checkbox"/> <b>A. To one person during his or her lifetime</b>			
Name		Relationship to Insured	
Address (Street)		(City)	(State) (Zip)
SSN/EIN	Date of Birth	Telephone Number	
<input type="checkbox"/> <b>B. To joint owners</b>			
Ownership shall be shared jointly and the consent of all joint owners will be necessary to exercise any right.			
<ul style="list-style-type: none"> <li>If naming more than 2 owners, please attach a signed, dated sheet including all details required for each owner.</li> <li>The Social Security number or Employer Identification number of the each new owner must be shown in the appropriate space. For tax reporting purposes, only one social security number can be used. The first owner listed will be mailed all notices and all tax information.</li> <li>Upon the death of a joint owner, the remaining owner or joint owners shall succeed to the rights and privileges of the deceased joint owner.</li> </ul>			
1. Name		Relationship to Insured	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address (Street)		(City)	(State) (Zip)
SSN/EIN	Date of Birth	Telephone Number	
2. Name		Relationship to Insured	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address (Street)		(City)	(State) (Zip)
SSN/EIN	Date of Birth	Telephone Number	

C. To a (check one)     Corporation     Partnership     LLC     Other \_\_\_\_\_

The new policy owner may designate an authorized business representative access to policy information online by completing a Corporate Authorization Certification form (PM8409).

Please include the Articles of Organization/Incorporation for the new owner.

Legal Name	
Address (Street)	(City) (State) (Zip)
EIN	Telephone Number

D. To the trust described below:

- When naming a trust as the new owner, a Certification of Trust form (PM6389) must be submitted with this form.

Name of Trust		
Name of Trustee(s)		
Address (Street)	(City)	(State) (Zip)
SSN/EIN	Date of Trust (mm/dd/yyyy)	Telephone Number

**Contingent Owner Information (optional)**

Do not complete if the insured is the primary owner. Unless otherwise specified, this designation shall take effect upon the death of all primary owners provided the designated contingent owner is then living and this designation has not been revoked. Please designate the party listed below as the Contingent Owner. Select from options A or B.

A. The Insured

B. To the following in his or her lifetime

- If naming more than 1 contingent owner, please attach a signed, dated sheet including all details required for each owner.

Name	Relationship to Insured	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address (Street)	(City)	(State) (Zip)
SSN/EIN	Date of Birth (mm/dd/yyyy)	Telephone Number

**Payor Information**

Premiums under this policy are to be paid by and premium notices, if any, will be sent to new owner or first owner listed on page 1 of this form unless otherwise specified below.

Name	Relationship to Insured or owner
Address (Street)	(City) (State) (Zip)
SSN/EIN	Date of Birth (mm/dd/yyyy) Telephone Number

Authorizations and Signatures	
<p><b>Remarks:</b> Please review this form for accuracy, sign the 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).</p>	
<p><b>The Signature of all owners will be required to exercise any contractual right under policy.</b>  <b>If you are signing the form in any capacity other than an individual an appropriate title is required.</b></p>	
<p><b>Representation:</b> The Policyowner(s) represents that no bankruptcy or insolvency proceedings are pending with respect to Policyowner(s). General Provisions constitute a part of this designation.</p>	
<p>Signed on _____, _____ at _____ (city) State of _____</p>	
_____	_____
Print Name of Current Policyowner	Signature of Current Policyowner (Please see requirements below)
_____	_____
Print Name of Joint Policyowner	Signature of Joint Policyowner (Please see requirements below)
_____	_____
Print Name of Witness (required for state of Massachusetts)	Witness Signature (required for state of Massachusetts)
New Policy Owner Tax Payer Certification	
<p>I certify that: (1) the Taxpayer Identification number shown on this form is my correct TIN, (2) I am not subject to backup withholding because I have not been notified by the IRS that I am subject to backup withholding, and (3) no bankruptcy or insolvency proceeding is pending with respect to me.</p>	
_____	_____
Signature of New Policy/Contract Owner	Date (mm/dd/yyyy)
<p>If Owner is a Corporation or Trust, provide signature and title. If multiple owners, all must sign.</p>	
_____	_____
New Owner's Signature	Title
_____	Date (mm/dd/yyyy)
<b>Owner</b>	<b>Signature(s) Requirements</b> - Please be aware that a certificate of completion must accompany any electronic signature.
Individual(s)	Policy Owner(s)
Corporation, Bank or Financial Institution	Signature of one officer with title, and a corporate resolution or secretary certificate which names all officers authorized to sign on behalf of the corporation; or two officer signatures, with title, without corporate resolution or secretary certificate. <b>Signature example: John Doe, President, ABC Corporation.</b>
Conservator, Guardian of Estate or Power of Attorney Agent	Signature of Conservator, Guardian of Estate or Power of Attorney Agent with title. We require Letters of Conservatorship/Guardianship of Estate along with court order designating conservator/guardian of estate or a copy of the Power of Attorney document to be on file. <b>Signature example: John Doe, Conservator for Jane Doe.</b>
Trust	Signature of all Trustee(s) with title as authorized by the Trust documentation. We require Trust documentation such as a Certification of Trust form (PM6389) to be on file. If there has been a change in trustee(s) since the trust became owner, we will also require any Resignation of Trustee or Termination of Trustee, Appointment of New Trustee and Acceptance of New Trust documents. <b>Signature example: John Doe, Trustee.</b>
Partnership or LLC	We require one general/managing partner signature with title and a copy of the Partnership agreement for Partnerships OR one managing member's signature with title and a copy of the operating agreement for LLCs. <b>Signature example: John Doe, Partner.</b>
Custodian on behalf of a Minor	We require UGMA or UTMA paperwork. <b>Signature example: John Doe, custodian for Baby Doe under (state) UTMA</b>
Signed by a "X"	If signor is unable to sign and must sign with an "X" we require signature be notarized.
Stamped signatures	We will not knowingly accept a stamped signature.
All other interested parties	Contact customer service to verify signature(s) needed.

## Mailing Instructions

**Please return the forms either by mail to:**

Penn Mutual Life Insurance Company or Penn Insurance & Annuity Company  
P.O. Box 178  
Philadelphia, PA 19105-0178

**Or Fax to:**

215-956-7699  
Attention: Client Services

## General Provisions

The following instructions have been enclosed to assist you with the completion of the attached Owner Designation Form. Please read these instructions carefully before completing the application.

- Complete a separate form for each policy unless the current owner and new owner information is the same on all policies.
- This designation applies to all policies numbered on it. This designation replaces all prior designations, including the designation in the application to the policy, and will apply until a later designation is filed with the Company.
- Each field should be fully completed. We will not accept wording such as “same” or “no change”
- A form which has been altered or on which there has been an erasure cannot be accepted unless the alteration or erasure is initialed by the current policy owner.
- The name and address of the individual or other entity to which future premium notices are to be sent should be stated in the space provided. If not provided, premium notices will be sent to the new owner or first owner listed.
- An ownership change does not automatically change existing beneficiary designations. To change your beneficiary, please submit a Penn Mutual Beneficiary designation form.
- Class Designations (such as “my lawful children” or “brothers and sisters of the insured”) cannot be used. A change in ownership must be specific in naming the new owner.
- This form cannot be used to request a change in ownership from a qualified plan to an individual, from an individual to a qualified plan, or from one qualified plan to another qualified plan. Please contact the home office for the correct form(s).
- If the current owner is a company that has dissolved, then dissolution paperwork is required along with an officer’s signature with title that is identified in the dissolution paperwork.
- If the current owner is a company that has merged with another company, we will require merger documentation along with an officer’s signature with title accompanied by the corporate resolution or Secretary Certificate of the merged company.
- If the new owner is a Trust, a Certification of Trust form (PM6389) must be submitted with this form.
- The Company may rely upon written evidence in its discretion to determine the identity, date of birth, name, address or other facts concerning a policy owner.
- If you have questions about the appropriate ownership designation for your situation, you should contact your Financial Professional for assistance.