



**WILLIAM PENN LIFE INSURANCE COMPANY OF NEW YORK**

A Legal & General America Company  
100 Quentin Roosevelt Boulevard  
Garden City, New York 11530  
(800) 346-4773

**DEFINITION OF REPLACEMENT**

**INSURANCE DEPARTMENT OF THE STATE OF NEW YORK**

IN ORDER TO DETERMINE WHETHER YOU ARE REPLACING OR OTHERWISE CHANGING THE STATUS OF EXISTING LIFE INSURANCE POLICIES OR ANNUITY CONTRACTS, AND IN ORDER TO RECEIVE THE VALUABLE INFORMATION NECESSARY TO MAKE A CAREFUL COMPARISON IF YOU ARE CONTEMPLATING REPLACEMENT, THE AGENT/ BROKER IS REQUIRED TO ASK YOU THE FOLLOWING QUESTIONS AND EXPLAIN ANY ITEMS THAT YOU DO NOT UNDERSTAND.

AS PART OF YOUR PURCHASE OF A NEW LIFE INSURANCE POLICY OR A NEW ANNUITY CONTRACT, HAS EXISTING COVERAGE BEEN, OR IS IT LIKELY TO BE:

- 1. LAPSED, SURRENDERED, PARTIALLY SURRENDERED, FORFEITED, ASSIGNED TO THE INSURER REPLACING THE LIFE INSURANCE POLICY OR ANNUITY CONTRACT, OR OTHERWISE TERMINATED? YES  NO
- 2. CHANGED OR MODIFIED INTO PAID-UP INSURANCE; CONTINUED AS EXTENDED TERM INSURANCE OR UNDER ANOTHER FORM OF NONFORFEITURE BENEFIT; OR OTHERWISE REDUCED IN VALUE BY THE USE OF NONFORFEITURE BENEFITS, DIVIDEND ACCUMULATIONS, DIVIDEND CASH VALUES OR OTHER CASH VALUES? YES  NO
- 3. CHANGED OR MODIFIED SO AS TO EFFECT A REDUCTION EITHER IN THE AMOUNT OF THE EXISTING LIFE INSURANCE OR ANNUITY BENEFIT OR IN THE PERIOD OF TIME THE EXISTING LIFE INSURANCE OR ANNUITY BENEFIT WILL CONTINUE IN FORCE? YES  NO
- 4. REISSUED WITH A REDUCTION IN AMOUNT SUCH THAT ANY CASH VALUES ARE RELEASED, INCLUDING ALL TRANSACTIONS WHEREIN AN AMOUNT OF DIVIDEND ACCUMULATIONS OR PAID-UP ADDITIONS IS TO BE RELEASED ON ONE OR MORE OF THE EXISTING POLICIES? YES  NO
- 5. ASSIGNED AS COLLATERAL FOR A LOAN OR MADE SUBJECT TO BORROWING OR WITHDRAWAL OF ANY PORTION OF THE LOAN VALUE, INCLUDING ALL TRANSACTIONS WHEREIN ANY AMOUNT OF DIVIDEND ACCUMULATIONS OR PAID-UP ADDITIONS IS TO BE BORROWED OR WITHDRAWN ON ONE OR MORE EXISTING POLICIES? YES  NO
- 6. CONTINUED WITH A STOPPAGE OF PREMIUM PAYMENTS OR REDUCTION IN THE AMOUNT OF PREMIUM PAID? YES  NO

IF YOU HAVE ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, A REPLACEMENT AS DEFINED BY NEW YORK INSURANCE DEPARTMENT REGULATION NO. 60 HAS OCCURRED OR IS LIKELY TO OCCUR AND YOUR AGENT/ BROKER IS REQUIRED TO PROVIDE YOU WITH A COMPLETED DISCLOSURE STATEMENT AND THE **IMPORTANT** NOTICE REGARDING REPLACEMENT OR CHANGE OF LIFE INSURANCE POLICIES OR ANNUITY CONTRACTS.

DATE: \_\_\_\_\_ SIGNATURE OF APPLICANT/OWNER: \_\_\_\_\_

DATE: \_\_\_\_\_ SIGNATURE OF APPLICANT/OWNER: \_\_\_\_\_

TO THE BEST OF MY KNOWLEDGE, A REPLACEMENT IS INVOLVED IN THIS TRANSACTION:

YES  NO

DATE: \_\_\_\_\_ SIGNATURE OF AGENT OR BROKER: \_\_\_\_\_



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**NOTICE TO INSURER OF PROPOSED REPLACEMENT FORM**

**PART A - PROPOSED INSURED AND REPLACING AGENT INFORMATION**

Proposed insured's name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ SS#: \_\_\_\_\_  
Optional

Agent/Broker name: \_\_\_\_\_ Phone: \_\_\_\_\_

Agent/Broker address: \_\_\_\_\_ Fax: \_\_\_\_\_

Agent/Broker e-mail address: \_\_\_\_\_

**PART B - REPLACED COMPANY INFORMATION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**PART C - REPLACED POLICY(IES) OR CONTRACT(S) INFORMATION**

**PLEASE READ CAREFULLY:** Please provide disclosure information in accordance with Regulation 60 on the policy(ies)/contract(s) listed below to the replacing agent/broker and William Penn Life Insurance Company of New York. Please forward this information within twenty (20) days to the agent/broker named above, William Penn Life Insurance Company of New York and the agent/broker of record of the existing policy and/or contract.

Replaced Policy No. 1 \_\_\_\_\_ Replaced Policy No. 2 \_\_\_\_\_

Replaced Policy No. 3 \_\_\_\_\_ Replaced Policy No. 4 \_\_\_\_\_

Type of insurance \_\_\_\_\_

**PART D - AUTHORIZATION TO DISCLOSE POLICY INFORMATION**

**PLEASE READ CAREFULLY.** By signing below, I authorize and request the above agent/broker and William Penn Life Insurance Company of New York to obtain account information from my current insurer related to my existing life insurance policy(ies) or annuity contract(s).

Signature of policyowner \_\_\_\_\_ Date \_\_\_\_\_

Signature of policyowner \_\_\_\_\_ Date \_\_\_\_\_

This request has been forwarded via ( ) Fax on \_\_\_\_\_ to the replaced company named in part B  
( ) Mail (Date)