



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

Attention: Retirement Services
3275 Bennett Creek Avenue
Frederick, MD 21704
(855) 914-9123

**RETIREMENT ANNUITY
PROOF OF LIVING FORM**

Annuitant Name _____

Certificate Number(s) _____

Address _____

City, State, Zip _____

The named annuitant is living and requests that benefit payments resume as scheduled.

Annuitant Signature _____

Date _____

THE STATE OF _____ § COUNTY OF _____ §

On this day, before me, the undersigned appeared _____, provided proof to me to be the person whose name is subscribed to the foregoing instrument, and expressly acknowledged to me that he has read same, and that he has read and executed same.

Annuitant presented the following official picture identification:

Driver's License State Identification Passport

Other Government Photo Identification _____
Type of Identification

(Please provide a photo copy)

SUBSCRIBED AND SWORN TO BEFORE ME on this ____ day of _____, 20 ____

Notary Public in and for the State of _____