The Penn Mutual Life Insurance Company Philadelphia, PA 19172		CASH SURRENDER FORM FOR ANNUITY PRODUCTS				
Philadelphia	Insurance and Annuity Company a, PA 19172 ner Service, Call 1-800-523-0650					
	Name of Contract Owner:	Contract Number:				
A. ACCOUNT INFORMATION	Name of Annuitant (if other than Contract Owner):	Social Security Number:				
	Daytime Phone Number with Area Code:	<u> </u>				
B. CASH SURRENDER	☐ Please remit the full value of my contract minus any applicable charges and/or withholding. See Sections C and D below.					
C. FEDERAL TAX WITHHOLDING	W-4P Notice of Withholding (Not applicable for Trustee owned contracts) Federal tax withholding is mandatory when income is received from an annuity contract, but an election not to have federal income tax withheld is permitted by the IRS. Do not withhold federal income tax from my payment. I understand that if I do not have federal income tax withheld, I may be responsible for payments of estimated tax and penalties if I fail to make such payments.					
	* Note: Mandatory state withholding may be deduct	ed.				
D. Charges	FUNDS FROM YOUR ANNUITY.	RE MAY BE SIGNIFICANT PENALTIES FOR THE WITHDRAWAL OF nature Withdrawal Penalties may apply. Premature withdrawal penalties are Guaranteed Investment options.				
	REFER TO YOUR CONTRACT FOR SPECIFIC CHARGES.					
	IRS PENALTIES AND INFORMATION If you are under the age of 59½ distribution may be subject to IRS penalties for early distribution from an annuity contract.					
E. ADDITIONAL						
FORMS OR INFORMATION NEEDED	e section F) and spousal consent (see section G). In addition, 2⁄2⁄2⁄2⁄2⁄2⁄2⁄2⁄2⁄2⁄2⁄2⁄2⁄2⁄2⁄2⁄2⁄2⁄2⁄					
_		contract with a 403(b) or 401(g) endorsement, 20% federal income tribution occurs and a direct transfer from the contract to an eligible ice and Direct Rollover Election is required:				
F. 403(b) & 401(g) CONTRACTS ONLY	☐ I elect an Eligible Rollover Distributio Name of Trustee:	n to: Name of IRA or Plan:				
402(f) Notice & Direct Rollover Election	Address:	Amount, if less than the entire distibution: \$				
(Additional Forms Required Contact Customer	The check for an Eligible Rollover Distribution must be payable to the Trustee or financial institution issuing an IRA indicated above.					
Service)	Default Direction: If I do not check the box above for a direct rollover and complete the required information, I understand that I will receive the requested distribution less the 20% mandatory federal income tax withholding.					
	Signature of Participant:	Date:				

	Statement of Marital Status (please check one of the following):				
	☐ I am not married (if not married, notarization is not required) ☐ I am married Spouse's Name: Spouse's Date of Birth:			Spouse's Date of Birth:	
G. 403(b) & 401(g) CONTRACTS ONLY Marital Status and Spousal Consent	Date of Marriage:				
	Any failure to correctly indicate marital status may subject you to federal penalties.				
	Married Participants If you are married for 12 consecutive months prior to when a benefit payment is to be paid, you will receive a Qualified Joint and 50% Survivor Annuity <i>unless</i> you waive this annuity form of payment <i>and</i> your spouse consents to the waiver In order for the waiver to be effective, your spouse must sign the Spousal Consent below and this waiver must be notarized. Spousal Consent for Waiver of Qualified Joint and 50% Survivor Annuity				
	This consent mus	st be notarized for married	participants.		
	I hereby acknowledge that I am the spouse of the Participant identified above, that I have read and understand all of the above, that I consent to, acquiesce in, and understand the effect of my spouse's waiver of the Qualified Joint and 50% Survivor Annuity payment form and the election of benefit as indicated above. I understand that I do not have to consent to the waiver of the Qualified Joint and 50% Survivor Annuity form and the election of the new form of payment, and that the effect of this election and consent may reduce or eliminate the amount of payments that I may receive. Spouse's Name: Spouse's Signature:				
	State of	·	County of: _		
	The fore	egoing instrument was ackr	nowledged before me on	by is Signature of Notary Public	
H. MAILING ISTRUCTIONS	Note: The check will be made payable to the Contract Owner and mailed to the address we have on record. Tax will be reported to the Contract Owner unless an eligible rollover distribution is elected. For Trustee owned contracts, the withdrawal check will be made payable to and mailed to the Plan Trustee.				
I. SIGNATURES	Annuitant Signatu	re:		Date:	
	Contract Owner S	ignature (if other than Ann	uitant):	Date:	
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Annuity Department C3R P.O. Box 178 Philadelphia, PA 19105

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