



Annuity Withdrawal Request

Owner Information:

Name: _____

City: _____ State: _____ Zip: _____ Best Phone: _____

Certificate No: _____

I request a:

- Partial Withdrawal of \$ _____
- One Time Withdrawal Monthly Quarterly Semi-Annually Annually
- Interest Only
- 15th 30th Monthly Quarterly Semi-Annually Annually

When choosing annually, please indicate withdrawal month: _____

- 10% Free Withdrawal
- Full Surrender
- I elect not to have federal income tax withheld from the taxable portion of my distribution check.
- I elect to have federal income tax withheld from the taxable portion of my distribution check.

Insert rate if greater than 10% _____

Withdrawal Instructions:

Please pay such withdrawal/surrender value as indicated:

- Directly to me as Owner.
- Direct Deposit to my Bank (Direct Deposit form must be completed).

Financial Institution Name: _____

Routing Number: _____

Account Number: _____

Address: (Street, City, State, Zip Code) _____

Signature of Owner

Date