



## Annuity Withdrawal Request

### Owner Information:

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

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

City, State Zip: \_\_\_\_\_

Certificate No: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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### 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% \_\_\_\_\_

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### Reason For Distribution:

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### Withdrawal Instructions:

**Please pay such withdrawal/surrender value as indicated:**

Directly to me as Owner.

Direct Deposit to my Bank (Direct Deposit information must be completed and include voided check with this form).

Financial Institution Name: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Address: (Street, City, State, Zip Code) \_\_\_\_\_

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**Signature of Owner**

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**Date**