



## REQUEST FOR FUNDS WITHDRAWAL

Date: \_\_\_\_\_ Policy or Contract#: \_\_\_\_\_

Insured: \_\_\_\_\_

Owner: \_\_\_\_\_

I am requesting a withdrawal of \$ \_\_\_\_\_ from the above policy/contract number to come from (check one):

- Cash Value       Dividend Accumulations       Surrendering Paid-Up Additions
- Annuity       Supplemental Contract       Pre-paid Premium Deposit
- PPE

**I am requesting to have my check FedEx to me at my cost.**

(check all that apply)

- FedEx fee is \$30.00       Signature Required is additional \$7.00

If requesting from multiple policies/contracts, please indicate the policy/contract numbers, amounts, and types of withdrawals below:

Policy/Contract # \_\_\_\_\_ Amount \$ \_\_\_\_\_ Type: \_\_\_\_\_

Policy/Contract # \_\_\_\_\_ Amount \$ \_\_\_\_\_ Type: \_\_\_\_\_

Policy/Contract # \_\_\_\_\_ Amount \$ \_\_\_\_\_ Type: \_\_\_\_\_

Policy/Contract # \_\_\_\_\_ Amount \$ \_\_\_\_\_ Type: \_\_\_\_\_

Signature of Owner: \_\_\_\_\_

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

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

.....  
**FOR HOME OFFICE USE ONLY**

Date processed: \_\_\_\_\_ By: \_\_\_\_\_

Rev: 6/2023