



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):

- | | | |
|-------------------------------------|---|---|
| <input type="checkbox"/> Cash Value | <input type="checkbox"/> Dividend Accumulations | <input type="checkbox"/> Surrendering Paid-Up Additions |
| <input type="checkbox"/> PPE | <input type="checkbox"/> Supplemental Contract | <input type="checkbox"/> Pre-Paid Premium Deposit |

I am requesting to have my check(s) sent via FedEx at my cost (check all that apply).

- | | |
|---|---|
| <input type="checkbox"/> \$30 FedEx Overnight (Weekdays Only) | <input type="checkbox"/> \$7 Signature Required |
|---|---|

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: _____ E-mail: _____

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FOR HOME OFFICE USE ONLY

Date processed: _____ By: _____

Rev: 10-2023