



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"/> Annuity | <input type="checkbox"/> Supplemental Contract | <input type="checkbox"/> Pre-paid Premium Deposit |
| <input type="checkbox"/> PPE | | |

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

(check all that apply)

FedEx fee is \$30.00

FedEx Fee with Signature Required is \$37.00

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: _____

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FOR HOME OFFICE USE ONLY

Date processed: _____ By: _____

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