



5349 Dolloff Rd., Cleveland, Ohio 44127
Tel: 216-341-0444 Fax: 216-341-0711
www.czechccu.org
Email: insurance@czechccu.org

Application for Withdrawal

On the _____, _____,
DATE PRINT POLICY HOLDER NAME
Social Security Number _____, wishes to withdraw \$ _____
SOCIAL SECURITY NUMBER AMOUNT
from their Annuity Certificate No. _____ of the Czech Catholic Union,
CERTIFICATE NUMBER
dated _____. Society Number _____.
CERTIFICATE DATE

Policy Holder Signature Date

Office Approval Date

**IF CLOSING ANNUITY, ANNUITY CERTIFICATE MUST BE
RETURNED TO THE HOME OFFICE WITH THIS FORM**