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Annuity Withdrawal Form

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

Policy Holder Address

Policy Holder Phone Number

Office Approval Date

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