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Annuity Withdrawal Form

On the _____, _____
DATE PRINT POLICY HOLDER NAME

Social Security Number _____, Date of Birth _____, wishes to
SOCIAL SECURITY NUMBER DATE OF BIRTH

withdraw \$ _____ from their Annuity Certificate No. _____ of the Czech
AMOUNT CERTIFICATE NUMBER

Catholic Union, dated _____, Society Number _____.
CERTIFICATE DATE

Policy Holder Signature Date

Policy Holder Address

Policy Holder Phone Number

STATE OF _____)
COUNTY OF _____) SS.

Subscribed and sworn to before me, a Notary Public, in and for said County personally appeared _____ who acknowledges that he/she did sign the foregoing instrument, and that the same is his/her free act and deed.

In Testimony whereof, I have hereunto affixed my name and official seal at

_____ this _____ day of _____.

Notary Public

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

WD10-2019 Officer Approval: _____ Date: _____