CCU life
CZECH CATHOLIC UNION

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

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 _____)
) SS.
COUNTY OF _____)

Subscribed and sworn to before me, a Notary Public, in and forsaid 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

A W-4P FORM MUST BE RETURNED WITH THIS FORM.

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

WD9-2021 Officer Approval: _____ Date: _____