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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 _____)
) SS.
COUNTY OF _____)

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

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

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