



2050 Finley Rd Suite 70
Lombard IL 60148
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Annuity Surrender, Withdrawal or Transfer Form

Annuitant Name _____ Social Security Number _____ - _____ - _____

Address _____ City _____

State _____ ZIP _____ Phone _____

Owner Name: _____ Social Security Number _____ - _____ - _____
(if other than Annuitant)

Owner Date of birth _____

I request the following transaction be made regarding my Annuity Certificate No. _____.

Cash surrender entire amount, effective as of ____/____/____.

If funds are to be made payable and mailed to anyone other than the annuitant at the address above, please indicate payee name and address:

Name _____ Address _____

City _____ State _____ ZIP _____ Phone _____

When surrendering an annuity in full, you must enclose your certificate along with this form. If the certificate is lost, complete the statement below.

I, the undersigned owner, state that after careful and diligent search in all places where same might naturally be found, am unable to locate the original certificate and presume it to be lost.

Signature of Owner _____

Partial withdrawal of \$ _____.

If funds are to be made payable and mailed to anyone other than the annuitant at the address above, please indicate payee name and address:

Name _____ Address _____

City _____ State _____ ZIP _____ Phone _____

Please check one of the following tax options:

- Do NOT withhold Federal Income Tax from this withdrawal
- Withhold Federal Income tax of _____% or \$ _____

Transfer annuity funds of \$ _____ to pay premiums on Certificate No. _____

Signature of Annuitant _____ /_____/_____
Date

Signature of Owner, if other than Annuitant _____ /_____/_____
Date

Witness / Notary _____ /_____/_____
Date