



2050 Finley Rd Suite 70 Lombard IL 60148

1-800-543-3272

WWW.CSALIFE.ORG

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 and send with a \$10 lost certificate fee.

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 No. _____ and presume it to be lost and request the issue of a duplicate certificate in its stead.

Signature of Owner _____ Signature of impartial witness _____

If the \$10 fee is not enclosed, that amount will be deducted from your surrender amount.

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

____/____/____
Date

Witness

____/____/____
Date