



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 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