



2050 Finley Rd Suite 70, Lombard IL 60148
1-800-543-3272
www.csalife.org

ANNUITY WITHDRAWAL FORM (For Lodge Use Only)

Annuitant Name _____

Annuitant's Social Security Number _____

OWNER.....Lodge Name _____ Lodge # _____

CSA Fraternal Life Annuity Certificate Number _____

Withdrawal amount _____

Bank Routing Number _____

Checking Account Number _____

We, the undersigned Officers of Lodge # _____ have been authorized
by our fellow Lodge members to withdraw funds from our Annuity Certificate
_____ in the amount of _____

Signature Title

Signature Title

Date _____