

## Czechoslovak Society of America

2050 Finley Rd Suite 70 Lombard IL 60148 1-800-543-3272 WWW.CSALIFE.COM

## **Annuity Surrender, Withdrawal or Transfer Form**

Annuitant Name			Social Security Number		
Ad	dress	City			
Sta	teZIP	Phone			
Owner Name:(if other than Annuitant)		Social Security Number			
I re	equest the following transaction	n he made regarding		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	
If the certificate is lost, complete the statement below.  I, the undersigned owner, state that after careful and diligent search in all places naturally be found, am unable to locate the original certificate and presume it to b  Signature of Owner  Partial withdrawal of \$  If funds are to be made payable and mailed to anyone other than the annuitant at please indicate payee name and address:				ad presume it to be lost.	
	Name	Addres	.ddress		
	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 S	\$to pay	premiums on C	Certificate No	
Signature of Annuitant				//	
Signature of Owner, if other than Annuitant				// Date	
Witness / Notary				/	