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Automatic Annuity Withdrawal Form

Certificate Number _____ Social Security Number _____

Name of Owner _____

Address _____

Street

City

State

Zip Code

Telephone Number _____ Age _____ Withdrawals made before age 59 1/2 may

be subject to Federal 10% (Early Additional Penalty) Tax

Withdrawal Election Options (Please select only one)

Withdrawal election options listed below are subject to the following rules:

- \$100 minimum withdrawal.
- Withdrawal charges may apply.
- Automatic withdrawals will continue until election is revoked in writing to Catholic Financial Life.

1) **Interest Only** – Withdrawal amounts may vary depending upon interest rates, number of days in withdrawal month and additional deposits or withdrawals.

Automatic withdrawals will be made on the “month anniversary” (i.e. issue day) of the contract or the following business day.

2) **Selected Amount** – No return of principal allowed in the first policy year.

**I request a Selected Amount of \$ _____ to be withdrawn on the _____ day* of the month.
*or the following business day.**

Payment Mode (Please select only one)

Monthly

Quarterly

Semi-Annual

Annual

Effective Date

My first payment to begin: (indicate month) _____

Payment Method (Please select only one)

By Check

Electronic Funds Transfer (i.e. direct deposit)

An Authorization for Electronic Funds Transfer form must also be completed.

Elective Withholding (Please select only one)

I wish to have _____ % or \$ _____ for Federal Income Tax withheld from the taxable portion of each payment

I do not wish to have federal income tax withheld from the taxable portion of each payment. If elective withholding does apply and an election is not initialed, we are required to withhold 10% Federal Income Tax from the taxable portion of each payment.

Signature of Owner _____

Date Signed _____