



CLC

Life Insurance

700 Taylor Road · Suite 280 · Gahanna, OH 43230-3320
614.944.4743 · 800.845.0494 · Fax: 614.944.4748

Request for Partial Withdrawal from an Annuity Contract

Contract Information

Policy Number		
Annuitant Name		Owner Name
Address		City
State	Zip	Phone

Distribution Direction

<input type="checkbox"/> Partial Withdrawal Amount of \$ _____ or _____ %
<input type="checkbox"/> RMD Amount provided by CLC or alternate amount \$ _____.
<input type="checkbox"/> Scheduled Withdrawal of \$ _____ Pay Mode: ____ Monthly ____ Quarterly ____ Semiannually ____ Annually
<input type="checkbox"/> Interest Paid as Earned Pay Mode: ____ Monthly ____ Quarterly ____ Semiannually ____ Annually
If applicable, surrender charges will be assessed according to contract provisions.

Federal Tax Withholding (IRS tax laws require withholding taxes for all transactions, unless you indicate otherwise)

<input type="checkbox"/> I elect not to have Federal Income Tax withheld
<input type="checkbox"/> I want the following amount or percentage withheld from my withdrawal \$ _____ Or _____ %
Please Note: All IRAs require an elected choice above. Federal Government mandates CLC automatically withhold 31% if selection above is not made.

Payment(s): Check(s) will be made to the OWNER identified above and sent to the owner's address of record. Routine payments can also be made via direct deposit by attaching Direct Deposit Authorization Form (only available for amounts over \$50/month)

Form can be returned by mail, fax at the number above, or email society@theclc.org

Authorization

I have completed appropriate sections of this form and represent that all information is true and accurate.	
_____	_____
Owner Signature	Date