



# Life Insurance Policy Withdrawal Request

Certificate #: \_\_\_\_\_

Date: \_\_\_\_\_

Insured: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Last 4 Digits of Social Security No.: \_\_\_\_\_

**WITHDRAWAL** – I wish to surrender/ withdraw my enclosed certificate for its total value.

**NOTE: If certificate is lost, please mark box.**

I hereby certify that the above-referenced certificate issued by KSKJ Life, American Slovenian Catholic Union has been lost and that no persons, partnerships, corporations, or other entity has any claim or interest in said certificate or its benefits by virtue or any gift, sale, assignment, pledge, property settlement, divorce or other court action. Based on the foregoing statement, I hereby surrender which it may incur as a result of granting this request. **If is further agreed that if the original is found, it will be returned to the Home Office.** This indemnification will be binding on my heirs, executors, administrators, successors, and assignees.

**INCOME TAX INFORMATION – MUST BE COMPLETED OR FUNDS WILL NOT BE ISSUED**

If a taxable gain results from this transaction, the gain will be reported to you and the IRS. Federal income tax will be withheld from the taxable portion unless you elect not to have us withhold.

I elect to have NO income tax withheld from my payment

I request that income tax be withheld from this payment under the certificate listed above.

SOCIAL SECURITY NUMBER/ TAX I.D. NUMBER (last 4 digits): \_\_\_\_\_

IRS regulations state that if your taxpayer identification number (social security or employer identification number is not furnished, we will be required to withhold 20% of any taxable gain that may result from this transaction.

OTHER REQUESTS? \_\_\_\_\_

I UNDERSTAND that the requested service will not become effective until the request is received, approved and recorded at the Home Office of KSKJ Life, American Slovenian Catholic Union.

Signed at: City \_\_\_\_\_ State \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Certificate Owner's Name (Please Print)

\_\_\_\_\_  
Certificate Owner's Signature

\_\_\_\_\_  
Witness's Name (Please Print)  
(Other than named beneficiary or owner)

\_\_\_\_\_  
Witness's Signature **\*Required\***