

# Croatian Fraternal Union of America

100 DELANEY DRIVE / PITTSBURGH, PENNSYLVANIA 15235-5416

412.843.0380

## WITHDRAWAL REQUEST FORM

Please Print, Use Dark Ink

Annuity

Traditional IRA

Roth IRA

### ANNUITANT INFORMATION

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

\_\_\_\_\_

Contract Number: \_\_\_\_\_

Social Security Number: XXX-XX-\_\_\_\_\_

I, hereby apply for a cash withdrawal in the amount of \$ \_\_\_\_\_ in accordance with the provisions in my contract. I further agree that this withdrawal shall be governed by the cash withdrawal option on my contract.

### WITHHOLDING ELECTION (Select **ONE** only):

Withhold Federal income tax at a rate of \_\_\_\_\_%  
(not less than 10%) from the amount drawn.

Withhold Federal income tax of \$ \_\_\_\_\_.

I elect **not** to have Federal income tax withheld. I understand that I am still liable for the payment of Federal income tax on the amount received. I also understand that I may be subject to Federal income tax penalties under the estimated tax payment rules if my payments of the estimated tax and withholding are insufficient.

### PAYOUT METHODS:

Please Send a Check Payable to me, to my attention.

Please deposit my withdrawal into an existing CFU Annuity Contract \_\_\_\_\_  
(account number)

### SPECIAL INSTRUCTION:

\_\_\_\_\_  
\_\_\_\_\_

Signature of Annuitant: \_\_\_\_\_

Signature of Owner (if other than Annuitant): \_\_\_\_\_ Social Security Number: \_\_\_\_\_

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

