



Total Withdrawal

Return this completed form to ELCO Mutual Life and Annuity

Contract Owner Information

Contract Owner(s) Name _____

Contract/Policy Number(s) _____

NOTE: Failure to print the full name of each owner and contract number above will void this form.

Address _____ City/State/Zip _____

Phone Number _____ Email _____

By executing this form I will terminate my above referenced annuity with the company. With this withdrawal of total cash value, I understand that the original annuity contract becomes null and void, and that I, and my heirs, have no further claim against the Company with respect to this contract.

Process Please select one option in each section below

- Immediately
- Specified Date _____ / _____ / _____
- Overnight At My Expense For Additional \$50.00

Additional Instructions _____

Certification of Lost or Destroyed Contract

- Lost or Destroyed Contract
I hereby certify that my annuity contract with the company has been lost or destroyed and that it is not assigned or pledged in any way whatsoever.
- Contract Attached

Income Tax Withholding

- I do not want any federal income tax withheld.
- I wish to have taxes of \$ _____ or _____ % withheld from this withdrawal.

Owner's Signature _____ Date _____ Co-Owner/Spouse's Signature* _____ Date _____

**If you reside in one of the following Community Property States of AZ, CA, ID, LA, NV, NM, TX, WA, or WI your spouse must also sign this form. If you reside in Alaska and you and your spouse have opted into Alaska's community property laws, then your spouse must sign this form.*