



Partial 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 _____

Withdrawal

- Partial Withdrawal \$ _____ *This is a net withdrawal requested.*
- Maximum Penalty-Free Withdrawal
- Interest Withdrawal *All accrued interest*

Your contract will be reduced by this amount, and will include applicable withdrawal charges, and federal income tax withholding if applicable; See section 4 for federal tax withholding.

Process

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

Additional Instructions _____

Income Tax Withholding

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

Method of Payout

- Direct Deposit *Please complete information below and **INCLUDE A VOIDED CHECK** to this document*
- Check(s) *Please allow for 5-10 business days for processing once received*

This is an authorization agreement for automatic deposit (ACH Credits).

I hereby authorize ELCO Mutual Life and Annuity to initiate credit entries directly into my account identified below at the depository financial institution. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Please select one:

- Checking Account
- Savings Account (Bank must be a member of ACH)

Bank Name _____

Routing Number _____ Account Number _____

If monies to which I am not entitled are deposited to my account, I authorize ELCO Mutual Life and Annuity to direct the financial institution to return said funds.

This authority will remain in effect until I have filed a new authorization, or until revoked by me in writing or upon termination of my contract with ELCO Mutual Life and Annuity. Failure to print the owner(s) name and contract number will void this form.

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.*

Complete this form and send to ELCO in any of the following methods:

Mail to: **ELCO Mutual Life and Annuity 916 Sherwood Drive Lake Bluff IL, 60044**
Fax to: **(847) 295-6043**
Scan & Email to: **phs@elcomutual.com**