



National

F A R M • L I F E

REQUEST FOR FUNDS WITHDRAWAL

DATE: _____

RE: Policy or Contract#: _____

Insured: _____

Owner: _____

Customer Service Department:

I am requesting a withdrawal of \$ _____ from the above policy/contract number to come from (check one):

Cash Value
Annuity

Dividend Accumulations
Supplemental Contract

Surrendering Paid-Up Additions

If requesting from multiple policies/contracts, please indicate the policy/contract numbers, amounts, and types of withdrawals below:

Policy/Contract # _____ Amount \$ _____ Type: _____

Policy/Contract # _____ Amount \$ _____ Type: _____

Policy/Contract # _____ Amount \$ _____ Type: _____

Policy/Contract # _____ Amount \$ _____ Type: _____

Signature of Owner: _____

Address: _____

Phone Number: _____

FOR HOME OFFICE USE ONLY

Date processed: _____ By: _____

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