



**ELCO MUTUAL**  
LIFE & ANNUITY

916 Sherwood Drive  
Lake Bluff, IL 60044  
P: (800) 321-3526  
F: (847) 295-6043

## 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 \$60.00

☐ 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.

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|                   |      |
|-------------------|------|
| 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](mailto:phs@elcomutual.com)

## Notice for California Residents

For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.