

## FULL ANNUITY WITHDRAWAL

THE ORIGINAL CONTRACT OR AN AFFIDAVIT IN LIEU OF LOST OR DESTROYED CERTIFICATE MUST ACCOMPANY THIS FORM.

I, \_\_\_\_\_, hereby apply for a FULL cash withdrawal in accordance with the provisions in my National Slovak Society (NSS) Annuity Contract #: \_\_\_\_\_.

My Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_.

I further agree that this FULL cash withdrawal shall be governed by the Cash Withdrawal Option clause in my NSS Annuity Contract and shall end this contractual agreement with the NSS.

I hereby waive and relinquish for myself and my beneficiaries any and all rights to the benefits, of any nature whatsoever, in the above mentioned NSS Annuity Contract. \_\_\_\_\_

In Addition Withhold FIT \$ \_\_\_\_\_.

ROLLOVER: I wish to deposit \$ \_\_\_\_\_ into an NSS \_\_\_\_\_, Contract #: \_\_\_\_\_

## PARTIAL ANNUITY WITHDRAWAL

I, \_\_\_\_\_, hereby apply for a PARTIAL cash withdrawal in accordance with the provisions governed by the cash value option clause in my National Slovak Society (NSS) Annuity Contract #: \_\_\_\_\_.

My Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_.

The amount I wish to withdrawal is \$ \_\_\_\_\_ Special Instruction \_\_\_\_\_

In Addition Withhold FIT \$ \_\_\_\_\_.

ROLLOVER: I wish to deposit \$ \_\_\_\_\_ into an NSS \_\_\_\_\_, Contract #: \_\_\_\_\_

### Agreement and Authorization

\_\_\_\_\_  
Signature Of Witness

\_\_\_\_\_  
Signature Of Annuitant

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Phone #

Date \_\_\_\_\_ / \_\_\_\_\_ / 20\_\_\_\_\_

**IMPORTANT:** Please be advised that early withdrawals could result in possible tax implications for you. Therefore, it is recommended that prior to any early withdrawals you confer with your personal tax advisor to determine your individual tax situation and the tax implications of any such withdrawal.