American
FARM • LIFE

REQUEST FOR FUNDS WITHDRAWAL

Date: _____ Policy or Contract#: _____

Insured: _____

Owner: _____

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

☐ **Cash Value** ☐ **Dividend Accumulations** ☐ **Surrendering Paid-Up Additions**
☐ **PPE** ☐ **Supplemental Contract** ☐ **Pre-Paid Premium Deposit**

I am requesting to have my check(s) sent via FedEx at <u>my cost</u> (check all that apply).

☐ **$30 FedEx Overnight (Weekdays Only)** ☐ **$7 Signature Required**

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: _____ E-mail: _____

FOR HOME OFFICE USE ONLY

Date processed: _____ By: _____

Rev: 10-2023

P.O. Box 1486 • Fort Worth, TX 76101-1486 • 6001 Bridge Street • Fort Worth, TX 76112
817-451-9550 • 800-772-7557 • Fax 817-446-5181
www.americanfarmlife.com • customer_service@nflic.com