

**5400** Tuscarawas Rd, Beaver PA, 15009 P 1.800.722.4428 F 724-495-3421 E info@GCUusa.com

## Annuity Withdrawal Form

_ Certificate Number(s):
_ Last 4 Digits of SSN:
Phone Number: ()
Cell Phone: ()
Date of Birth://
an annuitant please complete:
Last Name:
<pre>of \$ in accordance gree that this withdrawal shall be governed by the cash nderstand that any tax withholding will be deducted withdrawal percentages in your certificate, a surrender ms in your certificate. ling, GCU must withhold the mandatory 28% as set a flat rate of \$ al to% of taxable amount.</pre>

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_