



**GCU**

5400 Tuscarawas Rd, Beaver PA, 15009

P 1.800.722.4428 F 724-495-3421 E info@GCUusa.com

## Annuity Partial Withdrawal Form

First Name: \_\_\_\_\_ Certificate Number(s): \_\_\_\_\_

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ SSN: \_\_\_\_\_

\_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

(\*Is this a new address?  Yes  No) Cell Phone: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

*\*Address changes will result in a delay of processing time for member security verification purposes.*

### Agreement for Partial Withdrawal:

I am requesting for a partial withdrawal in the amount of \$\_\_\_\_\_ in accordance with the provisions in my annuity certificate. I agree that this withdrawal shall be governed by the withdrawal option on my annuity certificate. **I understand that any tax withholding will be deducted from the amount above.**

**Surrender Charges may be applicable.**

### Election to Withhold Taxes:

**If you do not make a selection for tax withholding, GCU must withhold the mandatory 28% as set forth by Internal Revenue Service regulations.**

- I elect not to have income tax withheld.
- I elect to have income tax withheld at a flat rate of \$ \_\_\_\_\_.
- I elect to have income tax withheld equal to \_\_\_\_\_% of taxable amount.

### Please Process as:

- Paper check
- Direct deposit. *(If direct deposit info is not on file or attached, paper check will be disbursed.)*

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

*(W-9 Form must be completed and accompany this partial withdrawal form.)*





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## Authorization for Direct Deposit into a Checking Account

*(For transferring funds from your GCU account to your Financial Institution)*

New Request    Change to Existing    Cancel Existing

First Name: \_\_\_\_\_ Certificate Number(s): \_\_\_\_\_

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ Last 4 Digits of SSN: \_\_\_\_\_

\_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

(Is this a new address?  Yes  No) Cell Phone: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Financial Institution's Name: \_\_\_\_\_

Financial Institution's Phone: \_\_\_\_\_

Please complete the following information:

Desired Frequency of Direct Deposit:

Monthly    Quarterly    Semi-Annually    Annually

**FOR DIRECT DEPOSITS**

**A Voided Check is Required.**

**PLEASE ATTACH HERE WITH TAPE.**

I hereby authorize GCU to initiate electronic payment entries and to initiate, if necessary electronic deposit entries and adjustments for any electronic entry in error to my (our) account indicated below and the financial institution named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account. This authority is to remain in full force and effect until GCU has received written notification from me (or either of us) of its termination in such time and in such manner as to afford GCU and DEPOSITORY a reasonable opportunity to act on it.

**Owner's Signature Required** \_\_\_\_\_ **Date** \_\_\_\_\_