



OWNER INFORMATION:

Contract #: _____
Name: _____ Social Security #: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Email: _____

ENROLLMENT:

I hereby direct FCSU Financial® to enroll my policy in the cash interest option program. I understand my cash interest option APY will be .25% less than the current six-year flexible premium deferred annuity or IRA APY.

PAYMENT FREQUENCY

Your first payment will be processed and issued in the next available cycle for the 1st of the month.

- Monthly Quarterly Semi-Annually Annually

PAYMENT AND MAILING INSTRUCTIONS

Direct Deposit (ACH) MUST ATTACH A VOIDED CHEK or SAVINGS ACCOUNT STATEMENT with owner named on the bank account.

Bank Name: _____ Type of Account: Checking Savings

ABA Routing #: [] [] [] [] [] [] [] [] [] [] Bank Acc. #: []

Payable to contract owner - Check will be sent to address of record.

FEDERAL INCOME TAX WITHHOLDING NOTICE AND ELECTION

If you do not wish to have federal income taxes withheld, please attach a completed IRS Form W-4P specifying a withholding rate of 0%, or submit the W-4P form to make a specific withholding election. The current year version of Form 4-P can be obtained by visiting the IRS website (www.irs.gov).

CANCELLATION:

I hereby direct the FCSU to cancel my enrollment in the cash interest option program. I understand my cash interest option APY will return to the current six-year flexible premium deferred annuity or IRA APY.

Signature: _____ Date: _____

Home Office Employee verified on _____ Initials: _____

Notes: _____