

FCSU CORPORATE CENTER 6611 ROCKSIDE ROAD SUITE 300 INDEPENDENCE OHIO 44131

Jednota is more than just life insurance protection.

DEPOSIT AGREEMENT WITHDRAWAL FORM

216.642.9406 800.533.6682 Fax: 216.642.4310 fcsu@fcsu.com www.fcsu.com

In accordance with the terms and provisions of the Deposit Agreement between the *First Catholic Slovak Union* and _________ said group requests that the Society make payment of the funds on deposit as follows:

Policy Number: _____

_____ A partial withdrawal of \$______

____ Withdrawal of all funds held by the First Catholic Slovak Union. (PLEASE RETURN ORIGINAL CONTRACT FOR COMPLETE WITHDRAWAL)

Dated at		This	Day of	
	Signature	Title		Date
	Signature	Title		Date
	Signature	Title		Date
I hereby au	thorize disbursement o	f funds as noted above	2.	

Executive Secretary First Catholic Slovak Union Date: