



17900 N. Laurel Park Dr.
Livonia, MI 48152-3985
(800) 624-1662

FUNDS DISBURSEMENT REQUEST

POLICY NUMBER: _____ OWNER NAME: _____

DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER: _____

OWNER'S ADDRESS: _____
STREET ADDRESS CITY STATE ZIP CODE

I WOULD LIKE MY FUNDS DISBURSED IN THE FOLLOWING METHOD (CHECK ONE):

LOAN WITHDRAWAL SURRENDER

REQUESTED FUNDS AMOUNT \$ _____

I HAVE RECEIVED A REPLACEMENT FORM, WHICH I UNDERSTAND MUST BE SIGNED AND RETURNED BEFORE FUNDS CAN BE RELEASED.

OWNER'S SIGNATURE

DATE

SPECIAL MAILING INSTRUCTIONS

All checks will be mailed to the address of the owner unless one of the following options are chosen:

Recipient Company

Name & Address of Company

Electronic Funds Transfer (please include a voided check to insure accuracy)

Bank Name: _____

Bank Address: _____

ABA Routing # : _____

Name on Account: _____

Bank Account # : _____