



**CHURCH LIFE
INSURANCE CORPORATION**

19 East 34th Street
New York, NY 10016
(212) 592-1800
(866) 802-6333
(212) 779-3363 fax

Account Information

Name _____

Account number _____

Withdrawal amount

Please check one of the following:

_____ % of my current account balance

\$* _____ from my account (\$200 minimum)

Your signature _____

Date _____

** Please be advised that if you request a dollar amount greater than the available balance in your account, the check issued to you will be for the remaining balance of your account. Please call if you have any questions about your account balance.*

For office use only

Policy Services Unit signature _____

Date received _____