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**Request for partial withdrawal or surrender of Annuity**

- Please complete on-line or print all information.
- If completed on-line, please save a copy for your records prior to printing and signing.
- Please complete every blank

**Owner:** \_\_\_\_\_ **Policy Number** \_\_\_\_\_  
Name

**Owner's Address:** \_\_\_\_\_  
Street City State ZIP Code

**Annuitant:** \_\_\_\_\_ **Owner's Phone #** \_\_\_\_\_  
If different from Owner

I, the undersigned owner of the Royal Arcanum policy cited above, hereby request:

**Section A: Transaction being requested**

- To withdraw part of my cash value, in the amount of \$ \_\_\_\_\_
- To withdraw **the Required Minimum Distribution**, to be calculated by Royal Arcanum.  
I wish to withdraw the RMD every year in the month indicated below: YES \_\_\_\_\_ NO \_\_\_\_\_
- To surrender the certificate for its full cash value.

**Section B: Withholding Instructions**

- Withholding of Federal Income Tax: \_\_\_\_\_%  
*I understand and agree that 20% will be used unless I indicate another percentage to withhold.*
- No withholding of federal income tax.

**Section C: Select Month of Payment**

- Jan  Feb  Mar  Apr  May  Jun  Jul  Aug  Sep  Oct  Nov  Dec

**Section D: Method of Disbursement**

- Check  Direct Deposit (please complete Section E, below)

I (we) certify that the certificate is not assigned or pledged as collateral and that no proceedings in bankruptcy or insolvency, voluntary or involuntary, have been instituted by or against me (us), none of us is under guardianship or any legal disability.

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date

**Section E: Authorization Agreement for Direct Deposits (ACH Credits)**

**Company Name: Royal Arcanum**

**ID Number: 04-1885430**

I (we) hereby authorize Royal Arcanum to initiate credit entries to my (our)  Checking  Savings Account at the depository financial institution indicated below and to credit the same to such account. I (we) acknowledge that the origination of ACH transaction to my (our) account must comply with the provisions of U.S. law.

Bank Name: \_\_\_\_\_

Branch: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Routing #: \_\_\_\_\_

Account #: \_\_\_\_\_

This authorization is to remain in effect until Royal Arcanum has received written notification from me (or either of us) of its termination in such time and manner as to afford Royal Arcanum and the Bank of a reasonable opportunity to act.

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Please attach copy of voided check to this form**