



# NON-QUALIFIED ANNUITY/DEPOSIT AGREEMENT DISTRIBUTION REQUEST

This form is used to request a distribution from your PRCUA Non-Qualified Annuity or Deposit Agreement account. If you would like to transfer funds to another Non-Qualified Annuity or Deposit Agreement, please obtain the correct asset transfer form from your new custodian or trustee and along with all pages of original Annuity Certificate (do not use this form). For additional information, please contact us at ☎ 1-800-772-8632 or visit our website at 🌐 [www.prcua.org](http://www.prcua.org).

**i** *Periodic distributions are processed within the first seven (7) business days of each month. One-time distributions will be processed within seven (7) business days of receipt of this completed form, and any required supporting documentation, at the PRCUA Home Office. This form can be used for only one (1) annuity.*

## 1. ACCOUNT INFORMATION

\_\_\_\_\_ CERTIFICATE (POLICY) / ACCOUNT NUMBER

## 2. ANNUITANT / DEPOSITOR INFORMATION

\_\_\_\_\_ FIRST (MI) LAST NAME / DEPOSITOR NAME

\_\_\_\_\_ STREET ADDRESS / CITY, STATE ZIP CODE

\_\_\_\_\_ HOME PHONE NUMBER

\_\_\_\_\_ WORK PHONE NUMBER

\_\_\_\_\_ SOCIAL SECURITY NUMBER / TIN

\_\_\_\_\_ DATE OF BIRTH (MONTH/DAY/YEAR)

## 3. DISTRIBUTION INSTRUCTIONS Choose only one

- Lump Sum Distribution *(all pages of Annuity Certificate are required to be returned to the Home Office)*       Specific Amount: \$ \_\_\_\_\_
- Net       Gross
- Interest →       For the first distribution, please include interest applied during the following period:
- FROM \_\_\_\_\_ THRU \_\_\_\_\_ (MONTH/YEAR)

## 4. FREQUENCY OF DISTRIBUTION

- Monthly       Quarterly       Semi-Annually       Annually       One-Time
- Beginning month and year for the distribution(s): \_\_\_\_\_ (MONTH/YEAR)

## 5. TAX WITHHOLDING ELECTION Choose only one

**If you do not select a box below, you are deemed to elect 10% tax withholding.**

- I elect NOT to have federal income tax withholding. I understand that I am still liable for payment for federal income tax on the amount received. I also understand that I may be subject to federal income tax penalties under the estimated tax payment rules if my payments of the estimated tax and withholding are insufficient.
- Withhold federal income tax rate of \_\_\_\_\_% from:       Full Distributions      - OR -       Interest
- Withhold federal income tax amount of \$ \_\_\_\_\_ from:       Full Distributions      - OR -       Interest

6. PAYMENT INFORMATION

Choose only one

- By check to the mailing address currently on file for this account.     By ACH/EFT (Complete Form ACH1)
- By check to a third party address (*Payable to the owner(s) or FBO the owner(s)*):

\_\_\_\_\_

NAME OF FINANCIAL INSTITUTION / FBO (ACCOUNT NUMBER) / STREET ADDRESS / CITY, STATE, ZIP CODE

- Apply proceeds into my existing PRCUA mortgage account: \_\_\_\_\_
- Deposit proceeds into my existing PRCUA annuity: \_\_\_\_\_
- Deposit proceeds into a new PRCUA annuity account (*please include a completed Annuity Application which is available for download at <https://www.prcua.org/annuities>*).

7. SIGNATURES

This form must be signed by the owner(s) of the annuity or deposit agreement.

By signing below, you hereby affirm that the information you have provided is true and correct and that you are aware of all the consequences affecting the distribution requested by this form. This authority is to remain in full force and effect until PRCUA has received written notification from me (or either of us) of its termination in such time and manner as to afford PRCUA a reasonable opportunity to act on it.

 \_\_\_\_\_  
SIGNATURE OF OWNER

\_\_\_\_\_  
SIGNATURE DATE

 \_\_\_\_\_  
SIGNATURE OF OWNER

\_\_\_\_\_  
SIGNATURE DATE

WITNESS

This form requires a witness *ONLY* if your distribution is to be sent to a third party or to an address different from what we currently have on file for your annuity. Please note that for those types of distributions, the form will not be processed unless a witness signs and dates in the appropriate areas below.

\_\_\_\_\_  
WITNESS NAME

 \_\_\_\_\_  
WITNESS SIGNATURE

\_\_\_\_\_  
WITNESS SIGNATURE DATE

8. ADDITIONAL INFORMATION

Please mail this completed form to:

**Annuity Processing**  
**Polish Roman Catholic Union of America**  
**984 N Milwaukee Ave**  
**Chicago, IL 60642-4101**

**INTERNAL OFFICE USE ONLY**

(PLACE DEPARTMENT RECEIVED STAMP BELOW)