

Withdrawal Request

POLICY SERVICE DEPARTMENT
PO Box 2549, Waco, TX 76702-2549
FAX: 254-297-2105 Scan/Email: POS@aatx.com

Note: For direct deposit of withdrawals please provide bank account information below

Policy Number: _____

Policyowner's Name: _____

Address: _____

Amount Requested: _____

Reason for Request: _____

Last four of SSN: _____ DOB: _____

Email Address: _____

Telephone No: _____

Direct Deposit Check

Date: _____ Policyowner's Signature: _____

****If your withdrawal or loan request is over \$10,000.00 please include a copy of an ID such as your driver's license with your signature on it.**

Bank Name: _____ Bank City, State: _____

9-Digit Transit/ABA No: _____ Account #: _____

Account Holder(s) Name: _____

Type of Account: Checking () Savings ()