AAA Life Insurance Company

17900 N. Laurel Park Dr.
Livonia, MI 48152
(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

PHONE NUMBER:_____

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

☐ LOAN ☐ PARTIAL WITHDRAWAL ☐ FULL SURRENDER

REQUESTED FUNDS AMOUNT $_____

_____ _____
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 check marked "void" to ensure accuracy)**

Bank Name:_____

Bank Address:_____

ABA Routing # :_____

Name on Account:_____

Bank Account # :_____