# CLC

**Life Insurance**

700 Taylor Road, Suite 280 · Gahanna, OH 43230-3320
Telephone: 800-845-0494 · Fax: 614-944-4748 · www.TheCLC.org


## REQUEST TO TRANSFER OF CD FUNDS

To: _____ Owner: _____
(Present Manager) (Name)

_____ _____
(Address) (Address)

_____ _____

Account/Certificate #s:_____

Fund Name: _____

Sir/Madam:

Please liquidate and transfer: ❑ All Available Funds

❑ Specified Amount $_____

Please honor my request on the maturity date of my certificate so that I will not incur a penalty. From the account(s) noted above with the proceeds made payable to:

**CATHOLIC LADIES OF COLUMBIA**

For the Benefit of: _____
**700 Taylor Road, Suite 280**
**Gahanna, OH 43230**

Please forward your check(s) to the above address:

I have completed a Catholic Ladies of Columbia annuity or life application and other documentation required for transfer. Catholic Ladies of Columbia will immediately endorse the proceeds check to the certificate I have applied for upon receipt of the funds.

I understand the amount of the proceeds may vary depending upon the exact date of transfer. I respectfully request that this transfer be accomplished as quickly as possible and thank you in advance for your cooperation in this matter.

_____ _____
(Signature of Owner) (Date)

_____ _____
(Please Print or Type Owner's Name) (Signature of Witness)