



RF&G LIFE INSURANCE COMPANY LTD.

*Gordon House*

One Coney Drive, P.O. Box 1762, Belize City, Belize C.A.  
Ph: (501) 221-5143 Email: info@rfglife.com Website: www.rfglife.com

### CASH WITHDRAWAL FORM

Policy Number: \_\_\_\_\_

Insured Person: \_\_\_\_\_

Policy Owner: \_\_\_\_\_

Plan Type: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Reason for withdrawal: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Amount Requested: \_\_\_\_\_

Are you a resident of Belize? Yes  No  Are you a citizen of Belize? Yes  No

Are you a citizen of any other country other than Belize? Yes  No

If yes, please state which country: \_\_\_\_\_

***Dated at*** \_\_\_\_\_ ***this*** \_\_\_\_\_ ***day of*** \_\_\_\_\_ ***20*** \_\_\_\_\_

\_\_\_\_\_  
***Insured Person/Policy Owner***

\_\_\_\_\_  
***Witness***

<b><u>For Official Use Only</u></b>	
Total Accumulated Value:	_____
Amount of Withdrawal:	_____
Less: Withdrawal Fee:	_____
Withholding Tax:	_____
Net Amount Payable:	_____
Balance:	_____
Approved by: _____	Date: _____
Processed by: _____	Date: _____