

\_\_\_\_\_  
(Name – Insurance Company)

## Withdrawal Request – State Deposit Trust Account

\_\_\_\_\_, \_\_\_\_\_ day of \_\_\_\_\_,  
City State

INSURANCE COMMISSIONER  
State of Washington  
Olympia, Washington

Dear Sir:

We wish to withdraw from our STATE DEPOSIT TRUST ACCOUNT the following described securities and request that you direct the Depository Bank, on the form below, to deliver the said securities to us.

| Par Value | Market Value | Description | Coupons or Interest Rate | Dated | Year Due | Bond No. |
|-----------|--------------|-------------|--------------------------|-------|----------|----------|
|-----------|--------------|-------------|--------------------------|-------|----------|----------|

New balance \$ \_\_\_\_\_  
(excluding above securities)

Company \_\_\_\_\_

By: \_\_\_\_\_

Title \_\_\_\_\_

(Please insert bank name and address)

Olympia, Washington, \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

GENTLEMEN:

I approve withdrawal of the above described securities from the STATE DEPOSIT

TRUST ACCOUNT of the \_\_\_\_\_, and authorize and direct  
you to

(name of company)

deliver said securities to the \_\_\_\_\_.

(name of company)

Mike Kreidler  
Insurance Commissioner, State of Washington

By \_\_\_\_\_  
James T. Odiorne, CPA, JD  
Deputy Insurance Commissioner  
Company Supervision Division