

\_\_\_\_\_  
(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.
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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)

\_\_\_\_\_  
Insurance Commissioner, State of Washington

By \_\_\_\_\_