
(Name – Insurance Company)

Withdrawal Request – State Deposit Trust Account

_____, _____ day of _____,
City State

INSURANCE COMMISSIONER
State of Washington
Olympia, Washington

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 \$ _____
(including above securities)

Company

By: _____

Title: _____

(Please insert blank name and address)

Olympia Washington, _____ day of _____, _____.

I approve withdrawal of the above-described securities from the STATE DEPOSIT TRUST ACCOUNT of the _____, and authorize and direct you to deliver said securities to the _____.
Company Company

Patty Kuderer
Insurance Commissioner, State of Washington

By _____

Deputy Insurance Commissioner
Company Supervision Division