

## **UA RESERVE FUND ANNUITY TRANSACTION FORM**

For your protection, all transactions MUST be made in writing. PLEASE PRINT BLOCK LETTERS IN ALL CAPS IN BLUE OR BLACK INK. To request additional TRANSACTION FORMS, please write to: United American Insurance Company, Attn: Policy Services Dept., P.O. Box 8080, McKinney,

TX, 75070, or call 972-529-5085 Monday through Friday, 7:30 am - 4:30 pm CST, or visit www.unitedamerican.com.

omplete this section with every transaction.															HOME OFFICE USE ONLY											
Policyholder's First Name:																										
Last Name:																		M.	l.							
Residence Address Street or Route:																										
City:																							Stat	te:		
Zip Code:					Home Phone No.:													-[				-[				
Social Security Number:			<b>-</b>		Policy Number:																					
E-mail Address:																										
○ Withdrawal / ○ Deposit																										
TOTAL AMOUNT:  If you are making a withdrawal, a check will be drafted and sent to the policyholder's address in 7-10 days.  A canceled check will be receipt of deposit. Mail to: United American Insurance Company,  Attn: Policy Services Dept., P.O. Box 8080, McKinney, TX 75070																										
													_	Date	Арр	licati -	on S	igne	d (mr	m/dd/	уууу	)				
Signature of Authorized Person																										
Change Automat	ic Dep	osit .	Amo	ount																						
CURRENT DEPOSIT AMOUNT:  NEW DEPOSIT AMOUNT:  \$ ,																										
																Date Application Signed (mm/dd/yyyy)								<u>')</u>		
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Signature of Policyholder

