

**UTAH STATE INSURANCE DEPARTMENT**  
**STATUTORY WITHDRAWAL REQUEST**

Date: \_\_\_\_\_

Insurance Company Name \_\_\_\_\_

We wish to withdraw from our State Deposit Account the below described security from the Bank/Financial Institution. Please direct this Bank/Financial Institution to deliver the security to the above named Insurance Company.

\_\_\_\_\_  
Name of Bank/Financial Institution

\_\_\_\_\_  
**FULL DESCRIPTION OF SECURITY**

Par Value \_\_\_\_\_

Interest Rate \_\_\_\_\_

Date Purchased \_\_\_\_\_

Maturity Date \_\_\_\_\_

CUSIP or ID Number \_\_\_\_\_

Balance in Account (including above security) \_\_\_\_\_

Insurance Company Approval by \_\_\_\_\_

Print/Type Name and Title \_\_\_\_\_

\_\_\_\_\_  
**STATE OF UTAH INSURANCE COMMISSIONER**

I hereby approve withdrawal of the above described security from the State Deposit Account for the above named Insurance Company and authorize and direct you to deliver security to the company.

Approved By \_\_\_\_\_

Print/Type Name and Title \_\_\_\_\_

\_\_\_\_\_  
**Bank or Financial Institution**

We hereby acknowledge withdrawal of the above security to the Insurance Company named above.

Approved By \_\_\_\_\_

Print/Type Name and Title \_\_\_\_\_