

WITHDRAWAL REQUEST — STATE DEPOSIT ACCOUNT

(Name — Depositor)
\_\_\_\_\_, \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_
(City) (State)

Department of Commerce, Community, and Economic Development
Division of Insurance
State of Alaska
P.O. Box 110805
Juneau, Alaska 99811-0805

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

Table with 7 columns: Par Value, Market Value As of (Date), Description, Coupons of Interest Rate, Dated, Year Due, Bond No.

New Balances \$ \_\_\_\_\_
(Excluding above securities)

DEPOSITOR

By \_\_\_\_\_
(Signature)

\_\_\_\_\_,
(Print name)

Depositor — Complete to this line.

\_\_\_\_\_,
(Title)

Juneau, Alaska, \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

Trust Officer: \_\_\_\_\_ Depository Account No. \_\_\_\_\_

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

\_\_\_\_\_,
(Name of Depositor)

and authorize and direct you to deliver said securities to the \_\_\_\_\_
(Name of Bank)
of \_\_\_\_\_
(City, State)

Terminates Trust Agreement

DIRECTOR OF INSURANCE
STATE OF ALASKA

By: \_\_\_\_\_
(Signature) \_\_\_\_\_
(Print Name)

\_\_\_\_\_,
(Title)

Account Closed
File No. \_\_\_\_\_

CUSTODIAN

\_\_\_\_\_,
(Print Name) \_\_\_\_\_ By \_\_\_\_\_

\_\_\_\_\_,
(Title) \_\_\_\_\_ Date: \_\_\_\_\_