



**ALCIVIA
PATRON NOTE PROGRAM
WITHDRAWAL REQUEST**

I wish to withdraw _____ from my (check one):

- Patron Demand Note held with ALCIVIA. I understand that should the amount requested cause my account to fall under the required minimum balance of \$2,500, my account will stop earning interest at the stated rate.
- Patron Three Year Certificate held with ALCIVIA. I understand that there is a withdrawal penalty equal to six (6) months of interest for withdrawals prior to the maturity date of the certificate. I understand that should the amount requested cause my account to fall under the required minimum balance of \$5,000, my account will stop earning interest at the stated rate.
- Patron Five Year Certificate held with ALCIVIA. I understand that there is a withdrawal penalty equal to twelve (12) months of interest for withdrawals prior to the maturity date of the certificate. I understand that should the amount requested cause my account to fall under the required minimum balance of \$5,000, my account will stop earning interest at the stated rate.

I understand distributions will be made on a weekly basis, via paper check, and will be mailed to the address listed on file with ALCIVIA.

Please complete the following form and mail back to:

ALCIVIA
Attn: Patron Note Program Withdrawals
1401 Landmark Drive
Cottage Grove, WI 53527

Name: _____

ALCIVIA Customer Account Number: _____

Certificate Number: _____

Signature: _____

Date: _____