



# Withdrawal Request Form

**Mail to:**

Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Please Withdraw: \_\_\_\_\_  
Amount

Make Check Payable to: \_\_\_\_\_

*Check will be mailed to the address provided above.*

*If you have previously authorized the use of Direct Deposit, this amount will be electronically deposited to your bank account, rather than issuing a check. If you wish to sign up for Direct Deposit, please call the Foundation.*

Description:

From: \_\_\_\_\_  
Account Number Account Name

Approved by: \_\_\_\_\_  
Trustee - Chairperson Date

*For check processing allow 3-5 business days after receipt of written request and up to 10 business days for amounts of \$10,000 and greater.*

*Thank you for choosing to invest with the Foundation.*