



*the*  
**EPISCOPAL**  
**CHURCH in**  
WESTERN OREGON

**DIOCESAN INVESTMENT FUND (DIF, SRIF, & STIF)  
WITHDRAWAL REQUEST**

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

Account Holder Name on Fund: \_\_\_\_\_ Account Number: \_\_\_\_\_

Total Withdrawal Request: \_\_\_\_\_

**We would like to make a withdrawal from the Investment Funds as follow:**

Long-Term Investment	<b>DIF (xxx4332)</b>	\$ _____
Short-Term Investment	<b>STIF (xxx4761)</b>	\$ _____
Socially Responsible Fund	<b>SRIF (xxx4340)</b>	\$ _____
	<b>Total Withdraw</b>	\$ _____

*(Note: Total withdraw must equal total request above.)*

**We would like this withdrawal to be as follows:**

Please make a (check one):     one-time withdrawal  
    monthly withdrawal – For the next 12 months from execution date  
    quarterly withdrawal – For the next four quarters from execution date

Deposit to \_\_\_\_\_ (Financial Institution)

Routing # \_\_\_\_\_ Account# \_\_\_\_\_ . Or

Make check payable to: \_\_\_\_\_ and

Mail to: \_\_\_\_\_

We understand and acknowledge that these funds will be withdrawn in accordance with our instructions upon receipt by Fifth Third Bank. We also represent that this request for withdrawal has been reviewed and approved by the appropriate authority within our church and the person(s) signing below have the approved authority to execute this transfer.

*I hereby acknowledge and represent that I am authorized to sign this form and direct the transfers requested above.*

**Mailing Address:** P.O. Box 22310, Milwaukie, OR 97269  
**Milwaukie:** 2780 SE Harrison St., Suite 202, Milwaukie, OR 97222  
**Coos Bay:** 420 Highland Ave, Coos Bay, OR 97420  
 www.ecwo.org | 503.636.5613



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WESTERN OREGON

Requester:

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Signature

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Print Name

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Title

Acknowledged by Episcopal Church in Western Oregon:

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Signature

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Print Name

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Title

Please send complete form to Mike Penfield ([mike.penfield@gmail.com](mailto:mike.penfield@gmail.com)) and Meron Yimesgen ([MYimesgen@ecwo.org](mailto:MYimesgen@ecwo.org)).

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