

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

Date:					
Account Holder Name on Fund:			Account Nu	mber:	
Withdrawal Request Reaso	on:				
Is this withdrawal amount	within the inv	estment account's 4	4.5% annual	spend rate? Y	es No
We would like to make a	withdrawal fi	rom the Investme	nt Funds as	follow:	
Long-Term I	Long-Term Investment		\$		
Short-Term Investment		STIF (xxx4761)	\$		
Socially Responsible Fund		SRIF (xxx4340)	\$		
		Total Withdrawa	l \$		
(Note: Total	withdraw must	t equal total request	above.)		
We would like this withd	rawal to be as	s follows:			
Please make a (check one): Deposit to	monthly w quarterly v	vithdrawal – For the withdrawal – For th	e next four c		
Routing #	Account	#	Or		
Make check payable to:			and		
Mail to					

(Note: For security and control purposes as well as efficiencies in processing withdrawals, funds withdrawn from Investment Accounts will be deposited into the ACH account that is on file at the diocese. This account is the same account used for ACH withdrawal of DPA payments.)

We understand and acknowledge that these funds will be withdrawn in accordance with our instructions upon receipt by Fifth Third Bank.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.

Requester:	Acknowledged by Episcopal Church in Western Oregon:	
Signature	Signature	
Print Name	Print Name	
Title	Title	

Please send completed form to Anne Marie Lowe (amlowe@ecwo.org) and Mike Penfield (mike.penfield@gmail.com).