

Investment Fund Withdrawal/Transfer Form
(Account Balances under \$500.00)

Date: _____

To: The Episcopal Diocese of Northern California

From: _____
(name of constituent organization)

(address)

Re: Withdrawal/Transfer of account balances under \$500.00

Please choose one option from each of the **bold statements** below by checking the box with your selection:

- 1) Please **withdraw** or **transfer** the money in the *(please choose one)*
Cash **Bond** **Balanced** **ESG(D)** fund in account number _____ .
- 2) If funds are to be withdrawn, a check for the remaining balance should be drawn in the name of the constituent organization noted above and mailed to the address on record with U.S. Bank (where monthly statements are mailed).
- 3) If funds are to be transferred, please transfer them to the *(please choose one)*
Cash **Bond** **Balanced** **ESG(D)** **fund in the same account** or *(please choose one)*
Cash **Bond** **Balanced** **ESG(D)** **fund in account number** _____ .

We certify that this request is in compliance with the terms outlined in our fund documents and that it has been approved by our *(please choose one)* vestry mission committee governing board .

Signature	Print Name/Title	Date
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Signature	Print Name/Title	Date
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Note: This form should be signed by Clergy person or Senior Warden or President and Treasurer.

The Episcopal Diocese of Northern California
350 University Avenue, Suite 280, Sacramento, California 95825
Tel 916.442.6918 *Fax* 916.442.6927 *Web* www.norcalepiscopal.org