



CATHOLIC FOUNDATION
Withdrawal Election Form

Account Name: _____

Account Number: _____

Effective Date: _____

Parish Name: _____

Address: _____

Withdrawal Election – Please specify investment fund(s) to be sold.

Existing Balances

Amount of Withdrawal \$ _____

From:

Income (earnings) **or** _____ %

Principal (indicate below):

Investment in Money Market Fund _____ %

Investment in Fixed Income Pool _____ %

Investment in Balanced Pool _____ %

Investment in Long Term Pool _____ %

Investment in Aggressive Growth Pool _____ %

TOTAL (must equal 100%) _____ %

Authorization Section – Must Be Completed

Authorized Signature: _____

Printed Name: _____

Printed Title: _____

Date: _____

Catholic Foundation Acknowledgement:

KeyBank Acknowledgement:

Date: _____

Date: _____

Transfers from funds occur on a monthly basis. Return this form to the Catholic Foundation, 1933 Spielbusch Ave., Toledo, OH 43604 by the 20th of the month, to facilitate changes. Form can be emailed to mkravetsky@toledodiocese.org.