



CATHOLIC INVESTMENT TRUST

Deposit/ Withdrawal Form

Diocese Account Name: _____
of Toledo Account Number: _____

DEPOSITS: * Checks should be made payable to the: Catholic Investment Trust c/o KeyBank

DEPOSIT AMOUNT: \$ _____

*Deposits will be posted per your current allocations. Please complete the account update form for any changes to allocations.

WITHDRAWALS:

WITHDRAWAL AMOUNT: \$ _____

*withdrawals will be processed income and then current allocations unless otherwise directed below

Income: _____% Fixed: _____% Balanced: _____% Long Term: _____% Aggressive _____%
**TOTAL (must equal 100%) _____%

Method of Distribution:

- Direct Distribution to checking or savings account – please complete below:
Financial Institution: _____
Account Name: _____
Account No: _____
ABA (Routing) No: _____
- Issue Check to Parish Name: _____

****PLEASE NOTE THAT ACH IS THE PREFERED/ MORE SECURE METHOD OF DISTRIBTUION.**

Authorization Section – Must Be Completed for all withdrawals (signer covenants that all distributions will be administered in accordance with applicable fund instrument limitations/restrictions)

Authorized Signature: _____

Printed Name and Title: _____ Date: _____

Return this form to: catholic.diocese@keybank.com Or

KeyBank
Attn: Randy Englund
300 Madison Ave, Suite 1500
Toledo, OH 43604

****All e-mails must be Cc'd to your Pastor or equivalent AND Rene Schmidbauer @ rschmidbauer@toledodiocese.org**

**** FORMS RECEIVED AFTER THE 25TH ARE PROCESSED THE FOLLOWING MONTH

***QUESTIONS RELATED TO FILLING OUT THE FORM CALL RANDY ENGLUND 419-259-8218