



**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%) _____ %

Method of Distribution:

ACH (Electronic Transfer) to checking or savings account – please complete below:

Parish Name: _____

Financial Institution: _____

Routing No: _____

Account No: _____

Issue Check

Make check payable to: _____

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 cholinski@toledodiocese.org.