Diocese of Western New York Diocesan Investment Trust

Withdrawals

To make a withdrawal from your account please send this request form to the Episcopal Church Foundation Office in New York City. Requests should be submitted to:

Josh Anderson (janderson@episcopalfoundation.org) & Brad Roberts (broberts@episcopalfoundation.org)

Church Name			
Address			
Email address			
Amount Requested \$ _		Today's Date	
Please withdraw the folyour church.	llowing amount from	the funds below as noted. A check will be	mailed directly to
\$	FUND A –Growt	h & Income Fund (Account # 52-044370)	
	From Sub-Account	nt #	
	Account Name		
\$	FUND B – Income Fund (Account # 52-044371)		
	From Sub-Account #		
	Account Name		
\$		th Fund (Account # 52-044372)	
	From Sub-Account #		
	Account Name		
\$		ly Responsible Fund (Account # 52-04437	3)
	From Sub-Accoun	nt #	
	Account Name		
Auth	orization: two signatu		
(Name – please print)		(Name – please print)	_
(Title – please print)		(Title – please print)	_
(Signature)		(Signature)	

Questions? Contact the Episcopal Church Foundation at (800) 697-2858