

## Form E

May be submitted via email to: elcafoundation@elca.org

## **WITHDRAWAL**

A Participant may elect to make a withdrawal from its Ministry Growth Fund account at any time. The suggested minimum withdrawal is \$2,000. If a withdrawal causes a Participant's account to fall below the minimum required balance of \$25,000, the ELCA Foundation may close this account. The ELCA Foundation requires ten (10) business days from receipt of this form to process a withdrawal. This form may be submitted by email to: elcafoundation@elca.org.

Date:	
Participant Number:	Account Number: E
Participant Name:	
Account Name:	
Participant Mailing Address (as stated on	heParticipant Application) OR Check here if address is new.
Street Address:	
City:	State:Zip:
Phone Number:	Email:
WITHDRAWAL AMOUNT REQUESTED: \$_	(Suggested minimum \$2,000)
<ul> <li>If you have direct deposit informa via electronic funds transfer.</li> </ul>	on on file with the ELCA Foundation, your withdrawal will be sent
If you do not have direct deposit s	t up, a check will be mailed to the above address.
<ul> <li>You may elect to have your withdrawal transferred to another Ministry Growth Fund account or Mission Investment Fund of the ELCA account by completing the information below.</li> </ul>	
Account Name:	
Account Number:	
<b>REQUIRED AUTHORIZED PARTICIPANT REPRESENTATIVE SIGNATURE(S):</b> Required signers must match those listed on Form A: Participant Application or most recent Form C: Change in Authorization.	
Name:Ti	le:Signature:
Name:Ti	le:Signature:
Name:Ti	le:Signature:
FOR OFFICE USE ONLY: [ ] Verify Account Balance: [ ] Verify Signatures:	

Form revised January 2025