



WITHDRAWAL

A Participant may elect to make a withdrawal from its account at any time. The 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 the Participant Application) OR Check here if address is new.

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone Number: _____ **Email:** _____

WITHDRAWAL AMOUNT REQUESTED: \$ _____ (Suggested minimum \$2,000)

A check will be mailed to the address on file unless you complete the information below.

Deposit to: Fund A Account External Account (Including MIF and ELCA Credit Union accounts)

Account Name: _____ **Account Number:** _____

Bank Name: _____ **Routing Number:** _____

Bank name and routing number not required for Fund A account transfers.

REQUIRED AUTHORIZED PARTICIPANT REPRESENTATIVE SIGNATURE(S): Required signers must match those listed on Form A: Participant Application or most recent Form C: Change in Authorization.

Name: _____ **Title:** _____ **Signature:** _____

Name: _____ **Title:** _____ **Signature:** _____

Name: _____ **Title:** _____ **Signature:** _____

FOR OFFICE USE ONLY:

Verify Account Balance: _____

Verify Signatures: _____