



Diocesan Pooled Investment Fund Withdraw Form

Internal Use Only
Date Rec.: _____
Date To ECF: _____
Initials: _____

Checks will be mailed from State Street Global Advisors only to the parish address on file. Please confirm address.

Date: _____
 Parish Name: _____
 Parish Address: _____

Authorized Individual:

Name: _____ Title: _____
 Phone: _____ Email: _____
 Signature: X _____ Date: _____

Please enter the distribution request details below. If you are requesting a distribution from endowment funds (restricted by donor where principle is not to be invaded), your request may not exceed 5.0% of the average of the previous 3 years September 30th account values.

Fund Name: _____ Fund Acct. #: _____
 Fund Type: Unrestricted ___ Restricted ___ Endowment ___
 One-Time ___ Total Amount: _____ Distribution Date: Immediate ___ or Date: _____
 Equal Periodic Quarterly ___ Quarterly Amount: _____
 Payment Schedule: 1st Distribution Date: _____ 2nd Distribution Date: _____
 3rd Distribution Date: _____ 4th Distribution Date: _____
 Note: _____

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Special Instructions:

X _____ Approval Date: _____

Chad Linder – Canon of Finance and Operations

PLEASE RETURN THIS FORM VIA EMAIL TO CLINDER@DIOCESECPA.ORG OR BY MAIL TO:

Episcopal Diocese of Central PA
Attn: Chad Linder – Finance & Operations
101 Pine Street
Harrisburg, PA 17101

For any questions, please contact Chad Linder, Canon of Finance and Operations by email at clinder@diocesecpa.org or by phone at (717) 236-5959 (ext. 1107) or (717) 968-5550. – Last Update: 01/27/2020