



## 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.
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Date: \_\_\_\_\_

Parish Name: \_\_\_\_\_

Parish Address: \_\_\_\_\_

**Authorized Individual:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: X \_\_\_\_\_ Date: \_\_\_\_\_

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 5.5% of the average of the previous 3 years September 30<sup>th</sup> account values.

Fund Name: \_\_\_\_\_ Fund Acct. #: \_\_\_\_\_

Distribution Type: One-Time \_\_\_\_ Equal Periodic Quarterly \_\_\_\_ Total Amount: \_\_\_\_\_

For Equal Quarterly Distributions, please circle starting : Month \_\_\_\_\_ // 1<sup>st</sup> 15<sup>th</sup> 30<sup>th</sup>

Fund Type: Unrestricted \_\_\_\_ Restricted \_\_\_\_ Endowment \_\_\_\_

Note: \_\_\_\_\_

Fund Name: \_\_\_\_\_ Fund Acct. #: \_\_\_\_\_

Distribution Type: One-Time \_\_\_\_ Equal Periodic Quarterly \_\_\_\_ Total Amount: \_\_\_\_\_

For Equal Quarterly Distributions, please circle starting : Month \_\_\_\_\_ // 1<sup>st</sup> 15<sup>th</sup> 30<sup>th</sup>

Fund Type: Unrestricted \_\_\_\_ Restricted \_\_\_\_ Endowment \_\_\_\_

Note: \_\_\_\_\_

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Fund Name: \_\_\_\_\_ Fund Acct. #: \_\_\_\_\_

Distribution Type: One-Time \_\_\_\_ or Equal Periodic Quarterly \_\_\_\_ Total Amount: \_\_\_\_\_

For Equal Quarterly Distributions, please circle starting : Month \_\_\_\_\_ // 1<sup>st</sup> 15<sup>th</sup> 30<sup>th</sup>

Fund Type: Unrestricted \_\_\_\_ Restricted \_\_\_\_ Endowment \_\_\_\_

Note: \_\_\_\_\_

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Fund Name: \_\_\_\_\_ Fund Acct. #: \_\_\_\_\_

Distribution Type: One-Time \_\_\_\_ or Equal Periodic Quarterly \_\_\_\_ Total Amount: \_\_\_\_\_

For Equal Quarterly Distributions, please circle starting : Month \_\_\_\_\_ // 1<sup>st</sup> 15<sup>th</sup> 30<sup>th</sup>

Fund Type: Unrestricted \_\_\_\_ Restricted \_\_\_\_ Endowment \_\_\_\_

Note: \_\_\_\_\_

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Fund Name: \_\_\_\_\_ Fund Acct. #: \_\_\_\_\_

Distribution Type: One-Time \_\_\_\_ or Equal Periodic Quarterly \_\_\_\_ Total Amount: \_\_\_\_\_

For Equal Quarterly Distributions, please circle starting : Month \_\_\_\_\_ // 1<sup>st</sup> 15<sup>th</sup> 30<sup>th</sup>

Fund Type: Unrestricted \_\_\_\_ Restricted \_\_\_\_ Endowment \_\_\_\_

Note: \_\_\_\_\_

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Special Instructions / Notes:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

X \_\_\_\_\_ Approval Date: \_\_\_\_\_

Chad Linder – Canon of Finance and Operations

**PLEASE RETURN THIS FORM VIA EMAIL TO [CLINDER@DIOCESECPA.ORG](mailto: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](mailto:clinder@diocesecpa.org) or by phone at (717) 236-5959 (ext. 1107) or (717) 968-5550. – Last Update: 06/01/2024**