



Form E
 This form may be submitted
 by email to:
 elcafoundation@elca.org.

**Endowment Fund of the
 Evangelical Lutheran Church in America**
 8765 West Higgins Road Chicago, Illinois 60631
 800/638-3522 or 773/380-2700

WITHDRAWAL

Withdrawal: A Participant may elect to make a withdrawal from its account at any time. The minimum withdrawal is \$2,000. The Participant's account must maintain a \$25,000 minimum balance. If a Withdrawal causes a Participant's account to fall below the minimum balance, a Closing Withdrawal will occur. The Endowment Fund of the ELCA requires ten business days from receipt of this form to process a Withdrawal. This form may be submitted by email to: elcafoundation@elca.org.

Please complete the following information in order to make a withdrawal.

Participant Number Account Number E Date _____

Participant Name _____

Account Name _____

Participant Mailing address (as stated on the Participant Application)

Street Address _____ City _____ State _____ Zip _____

We request that the following Withdrawal be made:

Withdrawal Amount _____ (Minimum \$2,000)

OPTION: Deposit to Mission Investment Fund of the ELCA account number/name _____

Authorized Participant Representative(s) (as listed on the Participant Application or most recent Change in Authorization):

Name: _____ Title: _____ Signature: _____

Name: _____ Title: _____ Signature: _____

Name: _____ Title: _____ Signature: _____

FOR OFFICE USE ONLY

Verify signatures:

Verify account balance: