

## **Endowment Fund of the Evangelical Lutheran Church in America**

8765 West Higgins Road Chicago, Illinois 60631 800/638-3522 or 773/380-2700

## **CLOSING WITHDRAWAL**

PLEASE DO NOT SEND ELECTRONICALLY. Mail the original to the ELCA Endowment Fund, 8765 West Higgins Road, Chicago, Illinois 60631.

Closing Withdrawal: A Participant can withdraw and voluntarily close its account at any time by completing the following information. The Endowment Fund of the ELCA will involuntarily close a Participant's Account

Authorized Participant Representativ	re(s) (as listed on the Participant Application or m  Title: Title:	ost recent Change in Authorization) _Signature:	
Authorized Participant Representativ	re(s) (as listed on the Participant Application or m	ost recent Change in Authorization)	
-			
We request that the above referen	nced account beclosed.		
•	City	State	Zip
Participant Mailing address (as st			
Account Name			
Participant Name			
Participant Number	Account Number E	Date	
Please complete the following informa	tion in order to close your account.		
	actually be mailed until the Administration of authorized re		

## FOR OFFICE USE ONLY [ ] Verify signatures:

[ ] Notify data entry: