

Form E

May be submitted via email to: elcafoundation@elca.org

WITHDRAWAL

A Participant may elect to make a withdrawal from its Ministry Growth Fund account at any time. The suggested 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 Partic	ipant Application)	OR Check here if address is new.
Street Address:			
City:		State:	Zip:
Phone Number:		Email:	
WITHDRAWAL AMOUNT RE	QUESTED: \$		(Suggested minimum \$2,000)
 If you have direct de via electronic funds t 	•	e with the ELCA Fo	undation, your withdrawal will be sent
If you do not have di	rect deposit set up, a c	heck will be mailed	to the above address.
	ve your withdrawal tran Fund of the ELCA accou		Ministry Growth Fund account or ne information below.
Account Name:			
Account Number:			
REQUIRED AUTHORIZED PA listed on Form A: Participant			E(S): Required signers must match those ge in Authorization.
			:ure:
Name:	Title:	Signat	ture:
Name:	Title:	Signat	cure:
FOR OFFICE USE ONLY: [] Verify Account Balance: [] Verify Signatures:			