



**Form F**  
 Requires ink signature and must  
 be submitted by mail.

## CLOSING WITHDRAWAL

A Participant may withdraw and voluntarily close its account at any time by completing the following information. The ELCA Foundation determines the closing withdrawal value as of the Valuation Date following the receipt of this form. The closing withdrawal will not be mailed until the Administrator receives a signed original of this Form F executed by the Participant's required authorized signer(s). **DO NOT SEND THIS FORM ELECTRONICALLY.**

**Date:** \_\_\_\_\_

**Participant Number:** \_\_\_\_\_ **Account Number: E** \_\_\_\_\_

**Participant Name:** \_\_\_\_\_

**Account Name:** \_\_\_\_\_

**Participant Mailing Address** (as stated on the Participant Application)    OR    Check here if address is new

**Street Address/P.O. Box:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**CLOSING WITHDRAWAL REQUESTED:** A final check will be mailed to the above address unless you complete the information below.

**TRANSFER OPTION:** Transfer funds to                      Another Fund A Account                      An MIF Account

**Account Name:** \_\_\_\_\_

**Account Number:** \_\_\_\_\_

**REASON FOR CLOSURE:** \_\_\_\_\_

**REQUIRED AUTHORIZED PARTICIPANT REPRESENTATIVE SIGNATURE(S):** Required signers must match those listed on Form A: Participant Application or most recent Form C: Change in Authorization.

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**FOR OFFICE USE ONLY:**

Verify Signatures:

Notify Data Entry:

RGP \_\_\_\_\_