

THE DIOCESE OF MANCHESTER CENTRAL FUND TRUST: DEPOSITORS FUND OR POOLED INVESTMENT FUND

WITHDRAWAL FORM

The Diocese of Manchester Central Fund Trust

Please use this form for your withdrawal request and mail to:

Diocese of Manchester Attn: Finance Department, 153 Ash Street, Manchester, NH 03104.

Organization: _____

City: _____

Account Name: _____

Reason for Withdrawal (required for donor restricted funds): _____

Withdrawal Options

Amount

Option 1: Central Fund Depositors Account

Account # (If applicable): _____

\$ _____

Functionally similar to a savings account at a bank but with much higher guaranteed interest rates.

This fund serves a benevolent purpose and unrestricted deposits are used to loan funds to parishes or schools in need.

Option 2: Central Fund Depositors Account

12 Month Restricted Withdrawal

Account # (If applicable): _____

\$ _____

Functionally similar to a bank CD with generally more favorable terms.

Only one scheduled withdrawal 12 months after origination date. Early withdrawal penalty of 3 months interest.

Automatic renewals absent withdrawal or other instructions in writing from participant.

Option only available twice per year—January 1st and July 1st.

Option 3: Central Fund Depositors Account

24 Month Restricted Withdrawal

Account # (If applicable): _____

\$ _____

Functionally similar to a bank CD with generally more favorable terms.

Only one scheduled withdrawal 24 months after origination date. Early withdrawal penalty of 6 months interest.

Automatic renewals absent withdrawal or other instructions in writing from participant.

Option only available twice per year—January 1st and July 1st.

Option 4: Pooled Investment Fund

Account # (If applicable): _____

\$ _____

If the value of the unrestricted investment account falls below \$75,000, the Trustee could potentially require the participant to withdraw all funds. Annual election forms required by participants for distributions and withdrawals. Withdrawals of funds in the Pooled Investment Fund are allowed as of month end. Annual returns on investments are based on market results and are not guaranteed.

Total \$ _____

Parish/School Authorized Signature: _____

Date: _____

**Authorized signer for a parish is the Pastor or Administrator; for a school the Principal.*

***Donor restricted funds are to be used for the stated purpose of the donor(s).*

Accounting Department

Authorized By: _____

Signature: _____

Processed By: _____

Date: _____