

## CHURCH INVESTORS FUND, INC.



06122023

9401 E Stockton Boulevard, Suite 240 Elk Grove, California 95624 P: (800) 543-2343 F: (630) 495-4736 E: investments@ceif.org www.ChurchInvestorsFund.org

## Withdrawal Request

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1. Investor Information										
Name:						Address	:			
City:					State:		Zip:		Phone:	
New Co	ontact Inforr	mation					Email:			
2. Withdrawal Information (All fields must be completed in this section)										
Account Number: Certificate Type (check one): Foundation Term Building Fund Ministry Fund										
Withdrawal Amount: \$ -OR-   Full Redemption										
Withdrawal Date: -OROROR- At Maturity										
(please check) If withdrawal date is before maturity or for non Building or Ministry Fund purposes, I acknowledge that a penalty could apply.*										
<b>Notes</b> (opti	ional):									
*There is an early withdrawal penalty of 1% of the amount withdrawn if Certificate is within a year of maturity and 2% of the amount withdrawn if Certificate is greater than a year from maturity.										
3. Funds Distribution										
-OR-	yments, to I have atta	and/or fron ached a void	n my bank ded check	Church Investors or credit union a for my transfer a ount on file with	account.		specific re	equest for ele	ectronic trans	sfers, including interest
4. Signatures**										
Name				Signature(s)						Date
*Authorized signers for Church/Organization are indicated by the Incorporated Organization form currently on file with Church Investors Fund										
nternal Use Request	Type Re	ecording [	Renewal Fo  ☐ at matu		ividend paid	Pr	enalty 🗌	1% 🔲 2%		From 100 Account
Commen				D. I.		_ App	proved by:			