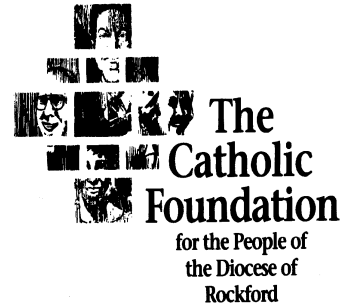


Retained Earnings to Corpus Request

Please use this form to make a Retained Earnings transfer to Corpus.
You may make **one transfer to Corpus per account per quarter** .
Questions, call 815-399-4300. Please mail or fax to 815-399-5657.



Date _____

Participant Name _____

City _____

Diocese of Rockford
PO Box 7044
Rockford, IL 61125-7044

Please Transfer From Retained Earnings:

Account # _____

Account Name _____

Transfer Amount \$ _____ ①

Please Transfer To Corpus:

Account # _____

Account Name _____

Transfer Amount \$ _____ ① Amounts must equal

Pastor Signature

Date

Office Use Only	
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