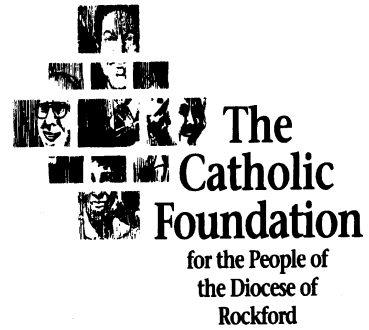


# Retained Earnings Withdrawal Request

Please use this form to make a Retained Earnings withdrawal.  
You may make **one withdrawal 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 Withdraw From:

① Account # \_\_\_\_\_  
Account Name \_\_\_\_\_  
Withdrawal Amount \$ \_\_\_\_\_

② Account # \_\_\_\_\_  
Account Name \_\_\_\_\_  
Withdrawal Amount \$ \_\_\_\_\_

③ Account # \_\_\_\_\_  
Account Name \_\_\_\_\_  
Withdrawal Amount \$ \_\_\_\_\_

\_\_\_\_\_  
Pastor Signature

\_\_\_\_\_  
Date

Office Use Only	
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