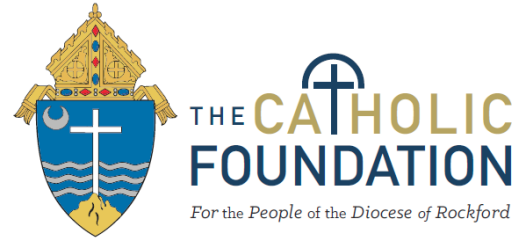


Retained Earnings Withdrawal Request

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



Date _____

Participant Name _____

City _____

The Catholic Foundation
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/Supervisor Signature

Date

Office Use Only	
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