

**THE DOMESTIC AND FOREIGN MISSIONARY SOCIETY  
CUSTODIAL TRUST FUND WITHDRAWAL REQUEST**

Withdrawal request amount: \$ \_\_\_\_\_ From Trust Fund Number: \_\_\_\_\_

Trust Fund Name: \_\_\_\_\_

**VIA**

**Check:**                      **Effective date:** \_\_\_\_\_

Mailing address if different from address on file:

*(If mailing address is same as records, go directly to signature.)*


**OR**

**Wire/ACH (electronic funds transfer)**

Bank Name:

Bank Address:

Account Name:

Account Number:

ABA # or SWIFT Code

BANKING INFORMATION

**Authorized person(s):**

SIGNATURE	NAME (Print or Type)	TITLE	DATE

**Telephone:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Withdrawal Resolution or portion of Committee Minutes (if any ) attached.**

**SEND REQUEST TO: MARGARETH CROSNIER DE BELLAISTRE:**

**E-MAIL:** [margarethcdeb@dfms.org](mailto:margarethcdeb@dfms.org)

**OR, FAX TO: 212-867-0395**