

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

Withdrawal request amount: \$ _____ Full redemption: ☐ Yes ☐ No
From Trust Fund Number: _____
Trust Fund Name: _____

VIA

1. **Check:** ☐ **Effective date:** _____

(If mailing address is same as records, skip section 2. Go directly to signature.)

Mailing address if different from address on file:

OR

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

Banking information

Bank Name:
Bank Address:

Account Name:
Account Number:
ABA # (if available):
SWIFT code (if any):

Authorized person(s):

Signature	Name	Title
_____	_____	_____
_____	_____	_____

Telephone: _____ E-mail: _____

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

Date: _____

E-MAIL REQUEST TO: nduverseau@dfms.org

TF Withdrawal request form 2019.doc