



**CHURCH OF THE
NAZARENE FOUNDATION**

**INVESTMENT MANAGEMENT ACCOUNT
WITHDRAWAL REQUEST**

We the client with an INVESTMENT MANAGEMENT ACCOUNT with the Church of the Nazarene Foundation hereby request a distribution from our Account as follows:

Account Number: _____

Account Name: _____

Amount:

Please select one

- \$ _____
- _____ % of total balance
- _____ % of total income

Source:

If no option selected, funds will be withdrawn proportionally to investment balances.

- _____ % or \$ _____ All Fixed Income
- _____ % or \$ _____ High Income
- _____ % or \$ _____ Income
- _____ % or \$ _____ Income & Growth
- _____ % or \$ _____ Growth & Income
- _____ % or \$ _____ Growth
- _____ % or \$ _____ Aggressive Growth
- _____ % or \$ _____ Aggressive

Payment Method:

Please select one

Check

Payable to: _____
Name

Mail to: _____
Name

_____ Address _____ City _____ State _____ Zip

Direct Funds Wire

A copy of a voided check must be on file.

ACH

A completed Authorization Agreement for Automatic Deposits (ACH Credits) must be on file.

We understand that the Foundation shall make such distribution within fourteen (14) days of receipt of this request.

Authorized signer

Date: _____

Authorized signer

Date: _____

Mail: Church of the Nazarene Foundation
17001 Prairie Star Parkway, Suite 200
Lenexa, Kansas 66220

Fax: 913-577-0898
Phone: 913-577-2983
E-Mail: accounting@nazarenefoundation.org