

# EASTON EPISCOPAL FUND

## Withdrawal Form

- I. Purpose of Form. This form used when withdrawing money from the Easton Episcopal Fund.
- II. Name of Parish or Diocesan unit \_\_\_\_\_
- III. Account Number \_\_\_\_\_
- IV. Contact Person \_\_\_\_\_
- V. Contact daytime telephone number \_\_\_\_\_
- VI. Remittances will be sent to the address of record or the bank account of record.
- VII. Please withdraw the specified amount and name of your fund from which amount will be drawn:

\$ \_\_\_\_\_ from the (Name of specific Fund corresponding to the account number above) \_\_\_\_\_

- VIII. Individual(s) authorized to withdraws funds from the Easton Episcopal Fund for this account:

- 1. Authorized Person  
(1) \_\_\_\_\_ (please print)
- 2. Signature  
(1) \_\_\_\_\_
- 3. Authorized Person  
(2) \_\_\_\_\_ (please print)
- 4. Signature  
(2) \_\_\_\_\_

- IX. Please mail this request to

THE EASTON EPISCOPAL FUND 8000 Town Centre Drive, Suite 400  
Broadview Heights, Ohio 44147

- X. OR FAX TO

THE EASTON EPISCOPAL FUND  
% Mutual Shareholder Services Fax: 440.526.4446

Or email to: [Easton.Episcopal.Funds@mutualss.com](mailto:Easton.Episcopal.Funds@mutualss.com)

Form approved 12/31/2015