

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

Form approved 12/31/2015