



**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**

Source:

If no option is selected, funds will be withdrawn proportionally to investment balances.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

** If the balance requested exceeds the available balance, then the full available balance will be liquidated and distributed.*

*** Displayed balance calculations on the online portal are delayed and may not reflect all transactions, fees, or accounting. Please contact the Foundation office for up-to-date account figures.*

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

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