



Georgia United Methodist Foundation, Inc.

REQUEST FOR WITHDRAWAL

Please complete this form and send to the Foundation office by email, FAX or regular mail to request a withdrawal from the following investment account:
(Emailed requests must include scanned signature)

CHURCH OR ORGANIZATION NAME: _____

ACCOUNT NAME: _____

ACCOUNT NUMBER: _____

AMOUNT: \$ _____

Please send the distribution by: CHECK or ACH or WIRE TRANSFER (Fees may apply)
(Bank account information must be on file or should be sent via secure communication)

Name of authorized person: _____

Signature of authorized person: _____

)

FOR WITHDRAWALS OVER \$10,000:

Name of second authorized person: _____

Signature of second authorized person: _____

Notes or comments:

NOTE: If there are insufficient liquid funds (Cash and Money Market) in the account, investments will need to be liquidated to provide funds for the withdrawal. Investments will be sold according to the investment allocation on file.

GEORGIA UNITED METHODIST FOUNDATION, P O BOX 922087, PEACHTREE CORNERS, GA 30010 •
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