



**INTERMEDIATE INVESTMENT POOL  
WITHDRAWAL**

Participant Name:	Date:
Initiated By:	Signature
Phone:	Fax:

**ALLOCATION OF WITHDRAWALS BY PARTICIPANT ACCOUNT:**

FRS Account Number	Account Name	Amount

**REASON FOR WITHDRAWAL**

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**Note:** This form must be received by the Accounting Services office by the timeline indicated in the Intermediate Investment Pool Policy.

**MAIL TO: Accounting Services, Attn: Investment Accountant  
104 Airport Drive CB# 1210**