



**UNIVERSITY ENDOWMENT FUND
WITHDRAWAL**

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

ALLOCATION OF WITHDRAWALS BY PARTICIPANT ACCOUNT:

FRS Account Number	Account Name	Amount

REASON FOR WITHDRAWAL

- Transfer Principal to Income (Attach Account Adjustment Request)
- Correct Gift Distribution (Attach Account Adjustment Request)
- Liquidation - Explanation

- Other Reason for Withdrawal – Explanation

Note: This form must be received by the Accounting Services Office at least 30 days prior to the end of a calendar month in order for funds to be withdrawn from the Fund as of the end of that month.

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