



## 406.2.1f - Withdrawing Reinvested Endowment Income Request Form

<p><b>Purpose of Form:</b> This form is used to request the withdrawal of reinvested endowment income for a University endowment fund from the UNC Chapel Hill Foundation Investment Fund. Refer to the Endowment Income Reinvestment Policy for additional information.</p>	
Department Name:	Department Number:
Source Name:	Source Number:
Printed Name of Disbursing Authority:	Date:
Signature of Disbursing Authority (original Signature only):	Phone:
Printed Name of Department Contact:	Fax:
<p>Income Withdrawal(select one):</p> <p><input type="checkbox"/> Withdraw all available reinvested income</p> <p><input type="checkbox"/> Withdraw \$ _____ .00</p>	Comments:
<p>Mail original form to Accounting Services, CB#1210 - Attn: Investment Accountant. <b>Withdrawals are made monthly and subject to 30 days notice.</b></p>	
Accounting Services Use Only	
Notes:	Date Received:
	UAS Withdrawal Date:
	ConnectCarolina Recording Date:
	Date of Notice to Department:
	Other: