

**WITHDRAWAL OF FUNDS REQUEST
FROM THE COMMON TRUST FUND
of the Diocese of Fond du Lac**



TO: President, Trustees of the Diocese of Fond du Lac
1051 N Lynndale Dr, Ste 1B
Appleton, WI 54914-3094

WE HEREBY CERTIFY that Exhibit A attached hereto is a Resolution adopted by the Vestry

of _____
(congregation and city)

on _____ authorizing withdrawal of _____ from
(date) *(dollar amount of withdrawal)*

the _____ Fund,
(name of fund)

Account Number _____ held as part of the
(account number of fund from statement)

Common Trust Fund of the Diocese of Fond du Lac.

Clerk *Date*

Warden *Date*

Rector/Vicar *Date*

Processing requests requires 3-5 business days from receipt. Requests are subject to review by the Diocese of Fond du Lac to determine if such a request is consistent with and does not violate any restrictions or designation placed on the funds held in trust.