



Evangelical Lutheran
Church in America

**Endowment Fund of the
Evangelical Lutheran Church in America**

8765 West Higgins Road Chicago, Illinois 60631
800/638-3522, ext. 2970 Facsimile 773/380-2775

Form F
-Ink signature required-

CLOSING WITHDRAWAL

Closing Withdrawal: A Participant can withdraw and voluntarily close its account at any time by completing the following information. The Endowment Fund of the ELCA will involuntarily close a Participant's Account whenever the balance falls below \$25,000 because of Participant's Withdrawals. The Endowment Fund of the ELCA determines the closing withdrawal value as of the Valuation Date following the receipt of this form. The Closing Withdrawal will not actually be mailed until the Administrator receives a signed original of the Closing Withdrawal form executed by the proper number of authorized representatives.

Please complete the following information in order to close your account.

Participant Number | | | | | | | | | | Account Number | | | | | | | | | | Date _____

Participant Name _____

Account Name _____

Participant Mailing address (as stated on the Participant Application)

Street Address _____ City _____ State _____ Zip _____

We request that the above referenced account be closed.

OPTION: Deposit to Mission Investment Fund of the ELCA account number/name _____

Authorized Participant Representative(s) (as listed on the Participant Application or most recent Change in Authorization)

Name: _____ Title: _____ Signature: _____

Name: _____ Title: _____ Signature: _____

Name: _____ Title: _____ Signature: _____

FOR OFFICE USE ONLY

- Reset distribution to:
- Verify signatures:
- Notify data entry: