



**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

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**