



**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

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- Other Reason for Withdrawal – Explanation

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**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by the Accounting Services Office at least 30 days prior to the end of a calendar month in order for funds to be withdrawn from the Fund as of the end of that month.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**