



**Purpose of Form:**

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.

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:
Income Withdrawal(select one):  <input type="checkbox"/> Withdraw all available reinvested income  <input type="checkbox"/>  Withdraw \$_____ .00	Comments:

Mail original form to Accounting Services, CB#1210 - Attn: Investment Accountant. **Withdrawals are made monthly and subject to 30 days notice.**

Accounting Services Use Only

Notes:	Date Received:
	UAS Withdrawal Date:
	ConnectCarolina Recording Date:

Date of Notice to Department:
Other:

406.2.1f – Withdrawal of Reinvested Endowment Income Request  
Revised 11/2015