



Stewardship. Simplified.

Church Growth Investment Fund

Account #

Investment #

For Office Use Only

INVESTMENT WITHDRAWAL FORM

Investor Information

Investor Name _____ SSN _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Home Cell

Preferred Phone

Single Married Widow

Email _____ Birth Date _____

Marital Status _____

Investment Withdrawal Instructions

The undersigned elects to withdraw funds in the following amount(s). **Attach a voided check and mark Bank Account below to authorize an electronic funds transfer (EFT) of the withdrawal amount if this is a new bank account on file with CGIF.**

One-Time Withdrawal

Investment # _____ Withdrawal Amount \$ _____

Full Disbursement

\$

Check (mailed within 3 business days of approval)

Bank Account Ending in (Last 4) _____ Bank Name _____

Investment # _____ Withdrawal Amount \$ _____

Full Disbursement

\$

Check (mailed within 3 business days of approval)

Bank Account Ending in (Last 4) _____ Bank Name _____

Recurring Withdrawals

Please start withdrawing from my investment beginning on: _____

Investment # _____ Withdrawal Amount \$ _____

Check (mailed within 3 business days of approval)

Bank Account Ending in (Last 4) _____ Bank Name _____

Investment # _____ Withdrawal Amount \$ _____

Check (mailed within 3 business days of approval)

Bank Account Ending in (Last 4) _____ Bank Name _____

Please complete the Acknowledgement and Authorization section on Page 2. Thank you!

P.O. Box 23069 Jacksonville, FL 32241-3069 | 904-345-3221 | www.cgif.co



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Acknowledgement and Authorization

By submitting this withdrawal request, the undersigned acknowledges that Church Growth Investment Fund will review the request for completeness and accuracy prior to approval. Processing will begin once the request is approved. Please allow up to 3 business days for electronic funds to be processed by Church Growth Investment Fund, with actual receipt dependent on the recipient's bank. Check withdrawals may require up to 3 business days after approval for processing and mailing.

Owner

Co-Owner (If Applicable)

Signature

Signature

Print Name

Print Name

Date

Date