

EPISCOPAL DIOCESE OF BETHLEHEM

Diocesan Investment Trust Distribution Form (for existing accounts)

Date of Request: _____

Parish / Organization Name: _____

Trust Name / I.D.#: _____

Type of Distribution:

(check applicable type)

_____ One-time distribution Amount of distribution requested: \$ _____

_____ Close-out trust

_____ Change to quarterly distribution:

 _____ Re-invest quarterly earnings

 _____ Distribute quarterly earnings

 _____ Distribute a fixed amount quarterly Amount to distribute: \$ _____

Method of Distribution:

Electronic Funds Transfer (EFT) _____ Check _____

Requested date of distribution: _____

- One-time distributions will be processed within 5 business days of receipt in Diocesan Office.
- Close-out distributions will be processed following month-end settlement. Close outs requested prior to month end will receive 90% of principal within 5 days and the balance following month end.
- EFT distributions will be to account on file with the DIT. Checks are payable to the parish.

Authorization:

Vestry has approved this distribution: Yes _____ No _____

Two of three signatures required:

Rector: _____ Signature: _____ Date: _____

Treasurer: _____ Signature: _____ Date: _____

Senior Warden: _____ Signature: _____ Date: _____

SUBMIT FORM TO: Cynthia Bakos, Accounting Office

cindy@diobeth.org

Diocesan review: _____ Signature: _____ Date: _____

Episcopal Diocese of Bethlehem ~ 333 Wyandotte Street ~ Bethlehem, PA 18015