

**TRUSTEES OF THE EPISCOPAL CHURCH IN MINNESOTA,
INCORPORATED**

**1101 W. Broadway Ave. 2nd Floor
Minneapolis, MN 55411**

(612) 871-5311

Email jennifer.g@ecmn.org

Pooled Investment Fund Distribution Request

Date of Request: _____ Faith Community/Institution ID # _____

Faith Community/Institution Name: _____

Fund Name: _____ Fund Number: _____

Quarterly Distribution Change

Request a new rate of _____ % or a dollar distribution of \$ _____ per quarter

Distribution change effective date: _____

Additional Distribution Request

Distribution Amount of: \$ _____

Date Requested to Receive the Distribution: _____

Distribution method: Check EFT

If EFT, Routing Number: _____ Checking Account Number: _____

Current Certificate of Authorized Persons signatures for approval:

Name and Signature: _____ Date: _____

Name and Signature: _____ Date: _____

Name and Signature: _____ Date: _____

Name and Signature: _____ Date: _____

Submit to:

Jennifer Gamberg, Missioner for Finance
Episcopal Church in Minnesota
1101 W. Broadway Ave. 2nd Floor
Minneapolis, MN 55411