

AUTHORIZATION FOR REDEMPTION



PO Box 19700, Irvine, CA 92623-9700
Fax: 866.303.9360

This form is not valid for retirement accounts

OWNER

(MY INFORMATION HAS CHANGED, PLEASE UPDATE)

Name (First/Mi/Last)	Address		
Organization (If applicable)	City	State	Zip
Social Security Number (TIN)	Email Address		
Date of Birth	Phone		

REDEMPTION INFORMATION

Investment Number	Redemption Date
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Please make a redemption in the amount of \$ _____ This redemption will close my investment

RECURRING REDEMPTION

I would like to establish a recurring redemption (Payment method must be External Account ACH)
I desire to have Church Development Fund, Inc. (CDF) deposit funds into my account at the bank named below. Such investments shall be credited as if I had personally made the investment. This authorization shall remain in effect until I notify CDF that I wish to end this agreement, which I may do at any time with a minimum of thirty days prior written notice.

Interest Monthly Quarterly Fixed Amount \$ _____

Transactions are made on the first business day of each month. A record of redemptions will be included in the investor's quarterly statement, sent by CDF.

PAYMENT METHOD

Check Make payable to _____

Internal CDF Account Account Number _____

External Account ACH Bank Name _____ Type (e.g. checking, savings) _____
(Please include voided check) Routing Number _____ Account Number _____

Wire (\$25 CDF Fee, additional bank or international fees may apply)

SIGNATURE

I desire to make a redemption from my Church Development Fund, Inc. (CDF) account. I certify that all of the information provided by me is accurate and may be relied upon by CDF. I understand withdrawing funds from a termed account may incur an early withdrawal penalty of interest and a \$10 fee will be charged to my CDF investment for any transfer which is incomplete for incorrect payment information.

SIGNATURE OF ACCOUNT OWNER	TODAY'S DATE
SIGNATURE OF CO-OWNER	TODAY'S DATE

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