

Tennessee Baptist Foundation

Fund Withdrawal Request Form

Name of Fund: _____

Church or Organization: _____

Amount of Withdrawal Requested: _____

Funds needed by what date? _____

Special instructions: _____

Authorized Signatures (two required):

_____ Date: _____

_____ Date: _____

Send request (facsimiles/emails not accepted) to:

Tennessee Baptist Foundation

Attn: Mrs. Teresa Garrett

P. O. Box 728

Brentwood, TN 37024

Note: As stated in your Fund Management Agreement it may take as much as thirty (30) days from the day your request arrives in the Foundation's office to liquidate your funds and return them to you. Thank you for your continuing confidence in the Tennessee Baptist Foundation.