

Exhibit E

ANNUAL WITHDRAWAL REQUEST FORM

Endowment Fund Name	Sub Account Number
Parish, School, Agency or Entity	City

In accordance with The Endowment Policy of the Catholic Diocese of Wichita, purpose, plans and policies and procedures, and the related exhibits, as amended from time to time, we hereby request the following withdrawal(s) to be made during the fiscal year beginning July 1, 20__.

- Amount to be withdrawn on July 1, 20__ _____
To be distributed on or before July 15, 20__

- Amount to be withdrawn on October 1, 20__ _____
To be distributed on or before October 15, 20__

- Amount to be withdrawn on January 1, 20__ _____
To be distributed on or before January 15, 20__

- Amount to be withdrawn on April 1, 20__ _____
To be distributed on or before April 15, 20__

- Total amount to be distributed for the fiscal year _____

Signature: _____
(Pastor or Authorized Representative)

Date: ____/____/____

Please complete and return this form to the Chancery, Attn: Finance Department on or before June 1, 20__.