

**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- Amount to be withdrawn on July 1, 20\_\_ \_\_\_\_\_  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- Amount to be withdrawn on October 1, 20\_\_ \_\_\_\_\_  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- Amount to be withdrawn on January 1, 20\_\_ \_\_\_\_\_  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- Amount to be withdrawn on April 1, 20\_\_ \_\_\_\_\_  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\_\_.**