

DIOCESAN EDUCATIONAL ENDOWMENT FUND
ANNUAL DISTRIBUTION FORM FOR JULY 2012

SECTION A: NAME AND ADDRESS

School/Parish Name _____ Endowment Number _____

Address _____
Street City Zip

Phone Number _____ Email Address: _____

SECTION B: ELECTION STATEMENT

- *I request NO distribution payout : _____ (Please initial)*
- *I request the following base distribution percentage (please circle) or dollar amount payout :*
4% 3% 2% 1% or Dollar Amt: _____ (Not to exceed the 4%)

The percentage or dollar amount elected will be applied to your Base distribution amount which is equal to the average net fair market value of the endowment assets on December 31 of each of the three prior years.

- *I request the following carryover amount payout:*

Dollar Amount: _____

Reason for Request (only required if requesting a carryover amount):

- Capital improvements to the school
- Emergency needs of the school

Please describe reason for request

SECTION C: SIGNATURE AUTHORIZATION (Must be signed)

Pastor / President (Print): _____ Date: _____

Pastor / President (Signature): _____

*(Completed forms need to be submitted to Mark Janus at the Diocesan Finance Office – Mailed, Faxed or Emailed as PDF with signature by **June 1**)*