

DIOCESAN EDUCATIONAL ENDOWMENT FUND
ANNUAL DISTRIBUTION FORM

year

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)*

BASE DISTRIBUTION:

- *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%)

CAPITAL IMPROVEMENTS/EMERGENCY DISTRIBUTION:

- *I request the additional 1% distribution or dollar amount payout:*
1% or Dollar Amt: _____ (Not to exceed the 1%)

Please describe reason for request

CARRYOVER DISTRIBUTION:

- *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

Refer to the endowment quarterly report for the Distribution Calculation which averages the account for the past three years and the Accumulated Carry Over Balance available that the school/parish can 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**)*