



## Request for Withdrawal

### Part 1 – Account Information

Organization name \_\_\_\_\_

Account \_\_\_\_\_

Please complete the following information:

Account number \_\_\_\_\_

(Enter the specific account from which the withdrawal is to be taken.)

Withdrawal amount \_\_\_\_\_

Withdrawal from fund \_\_\_\_\_

(If a fund is not specified, the withdrawal amount will be prorated from each fund in which the account balance is invested.)

**Note:** For withdrawal requests received by 3 p.m. (Central Time) on a Wespath business day, Wespath will process the request at that day's closing price and distribute the proceeds the following business day.

If the withdrawal request exceeds \$2 million, Wespath may place the withdrawal on hold for up to 15 business days. Wespath will notify the investor of the transaction processing date, on which, the transaction will be processed using the fund unit price calculated on the processing date. Transactions will be reflected in your account one day following the processing date. The proceeds will be distributed the following business day.

For questions and assistance, please contact your account representative or call our Institutional Investment Services team at **1-847-866-4100**.

### Part 2 – Wire Transfers

For wire and ACH transfers, please include the following:

Type of institution \_\_\_\_\_

Institution name \_\_\_\_\_

Institution address \_\_\_\_\_

Account name \_\_\_\_\_

Routing number \_\_\_\_\_

Account number \_\_\_\_\_

Transfer type ☐ Wire ☐ ACH

**Note:** Please allow up to three business days for receipt of ACH transfers by your financial institution after the withdrawal has been processed.

### Part 3 – Signature

Print name\* of signatory 1 \_\_\_\_\_

Title \_\_\_\_\_

Signature\*\* \_\_\_\_\_

Date \_\_\_\_\_

Print name\* of signatory 2 \_\_\_\_\_

Title \_\_\_\_\_

Signature\*\* \_\_\_\_\_

Date \_\_\_\_\_

\* Name must appear on the Signature Authorization Card.

\*\* Two signatures are required for processing.

If you are **NOT** completing this document online, please complete it and return to Wespath by one of the following methods:

- E-mail (scanned copy) to **support@wespath.org** or
- Fax to **1-847-866-4894** or
- Mail to Wespath Benefits and Investments  
Plan Sponsor Relations  
1901 Chestnut Avenue, Glenview, IL 60025

Be sure to keep a copy for your records.

This form includes and/or is requesting personally identifiable information (PII) and/or protected health information (PHI). You are encouraged to make elections and beneficiary designations online at **benefitsaccess.org**. When possible, managing your benefits online is the recommended approach to keep your PII and PHI safe and secure.