

Slovak Catholic Sokol

A tradition of providing sound financial protection and benefits to our members.

WITHDRAWAL FORM - FOR SOKOL SECURE FUND

Organization: _____

Address: _____

Federal Tax Identification Number: _____

President: *(Signature)*

Treasurer: *(Signature)*

In accordance with the terms and provisions of the Slovak Catholic Sokol, Sokol Secure Fund between

the Slovak Catholic Sokol and _____, said organization requests that the Slovak Catholic Sokol make payment of the funds on deposit, as follows: (Please select only one.)

Partial withdrawal of \$ _____ (minimum withdrawal is \$250.00)

Withdrawal of all funds in the Sokol Secure Fund held in trust by the Slovak Catholic Sokol.

Dated at _____, this _____ day of _____ 20_____

Home Office Use Only:

On _____, 20_____ a withdrawal of funds request was received and acknowledged. I hereby authorize the disbursement of funds as noted in the withdrawal form.

By: _____
Supreme Secretary