



MISSION DEVELOPMENT CERTIFICATES

P.O. Box 423, Seahurst, WA 98062

Tel: 206.971.4603

Email: invest@mdcprogram.org

Distribution Request Form

1. INVESTOR INFORMATION

Owner: _____ SSN/Tax ID _____

Co-Owner (if applicable): _____ SSN/Tax ID _____

Phone: (____) _____ E-Mail: _____

2. INVESTOR DISTRIBUTION

I understand that if the investment listed below is a term certificate that has not reached maturity, a penalty may be applied to my investment in addition to the amount distributed. Initial: _____:

One-Time Distribution

Investment # _____

I would like to receive a one-time distribution of \$ _____ from the above investment.

I would like to close the above investment (select one): at maturity; upon receipt of this form.

Interest Distribution (for Growth Certificates)

Investment # _____

I would like to receive a one-time distribution of all interest earned from the above investment.

3. ACKNOWLEDGMENT

PRINT NAME OF OWNER _____

SIGNATURE OF OWNER _____

DATE _____

If joint account:

PRINT NAME OF CO-OWNER _____

SIGNATURE OF CO-OWNER _____

DATE _____

If you have any questions, please contact us at 206-971-4603.