



MISSION DEVELOPMENT CERTIFICATE PROGRAM

P.O. Box 423, Seahurst, WA 98062

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# 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 the investment listed below is a term certificate that has not reached maturity, and that a penalty may be applied to my investment by deducting a fee 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.

I would like to gift the funds to the MDC Program (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.