



## ANNUAL DISTRIBUTABLE INCOME REQUEST FORM

*All requests must be received by June 15 of the current Fiscal Year*

### Distributable Income Request Details:

Date of Distributable Income Request:	
Participant Fund Name:	
Participant Fund Account #:	
Amount Requested:	
Use of Funds Description:	

### Distributable Income Requestor Information:

Requestor Name:	
Requestor Entity:	
Requestor Position:	
Requestor Phone Number:	
Requestor Email:	

### Authorization (Pastor/Principal/Director):

Name of Authorizing Agent:	
Title of Authorizing Agent:	
Authorized Signature*:	

### Method of Delivery:

Preferred Method of Delivery (circle one):	Check	Wire Transfer
<i>For Check Requests:</i>		
Payee Information:		
Delivery Address:		
<i>For Wire Transfers:</i>		
Bank Name:		
Bank Routing Number (for wires):		
Bank Account Number:		
Name on the Account:		

***\*By signing this form, you confirm that you are authorizing the disbursement of the annual distributable income as detailed above. Furthermore, you certify that the annual distributable income received will be used solely for any and all restrictions imposed on its corresponding participant fund within the Catholic Community Foundation in the Archdiocese of Miami, Inc.***

All completed forms must be submitted to Katie Blanco Bourdeau either via email to [kblanco@theadom.org](mailto:kblanco@theadom.org) or via fax to (305) 762-1023. Funds should be received within two weeks. If you do not receive your funds within that timeframe or you need or have questions regarding your distributable income request, please call (305) 762-1053 or (305) 762-1112.