

## Systematic Withdrawal Plan

Attn: Shareholder Services

Milwaukee, WI 53201-0701

P.O. Box 701

To establish this plan, an account must have a current market value of \$5,000 or more. Minimum withdrawal is \$50.

1 Account Registration		Bank Routing Information	
		Proceeds are to be transmitted to the commercial Attach voided check.	bank designated below.
Owner's First Name Initial Last Name		G ACII (2 husinees deur) G Wire (\$15.4	F\
Joint Owner's First Name Initial Last Name		☐ ACH (3 business days) ☐ Wire (\$15 f	ee)
Owner's Address		Name of Bank	
City State	Zip	Address	
Daytime Phone Number E-mail Address		City State	Zip
Owner's Social Security Number/Tax ID Number		Attach a voided check here.	
2 Systematic Withdrawal Plan		4 Signature	
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New Covenant Fund Name	_	Signature of Owner, Trustee, or Custodian	Date
New Covenant Fund Account Number		Signature of Joint Owner (if any)	Date
☐ Please issue a check to my address			
☐ ACH to my bank account (complete Section 3	)	Medallion Signature Guarantee is requ	uired if proceeds are:
☐ Wire to my bank account (complete Section 3	3)	1) being sent to bank account which	does not match the
□ Donate to my church's New Covenant Fund		registration of the NCF account or	an addrace of record on
account #  Donate to Presbyterian Foundation acct # 11	03-1000035366	<ol><li>mailed to an address other than the the NCF account.</li></ol>	ie address of record off
Now Coverant Crowth First (4405)	Annual Amount*		
New Covenant Growth Fund (1105)	\$%		
New Coverant Balanced Growth Fund (1103)	\$or%		
New Covenant Balanced Income Fund (1102)	\$or%		
New Covenant Income Fund (1104)	\$or%		
New Covenant Treasury Obligations Fund (1107)	\$or%		
*Withdrawals will be calculated on the annual a	mount indicated.	<b>5</b> Mailing Instructions	
Please indicate the frequency of the withdrawal	transactions.		
☐ Monthly ☐ Quarterly ☐ Semi-annually	☐ Annually	Please send this completed form to:	

For additional information, call New Covenant Funds at 877-835-4531

Day of Month \_\_\_\_