

**Diocesan Investment Trust Funds**  
**The DIT Fund**  
**REDEMPTION REQUEST FORM**

**SUBMIT BY LAST DAY OF MONTH**

Please complete all the following details:

We hereby request redemption from The Diocesan Investment Trust Fund(s) as indicated below:

**1. Account Information:**

\_\_\_\_\_  
Account Name

\_\_\_\_\_  
Account Number

**2. We being the registered holder(s) of the above Fund hereby request that the below be redeemed**

**The DIT Fund**                    \$ \_\_\_\_\_

Note: All redemption payments are sent on or about the 15<sup>th</sup> of each month after month end close

**3. ACH Direct Deposit Payment Details:**

We request the redemption proceeds be paid to us via ACH direct deposit as follows:

\_\_\_\_\_  
Name of Bank:

\_\_\_\_\_  
ABA #:

\_\_\_\_\_  
Account Name:

\_\_\_\_\_  
Account Number:

**4. Scan and email this form directly to:**

[mkearney@dioceseny.org](mailto:mkearney@dioceseny.org) and [cmcgowan@ftci.com](mailto:cmcgowan@ftci.com)

Note: All Redemption requests should be received no later than the last business day of the month.  
Valuation is based on the close of the last business day of each month

\_\_\_\_\_  
Signature of applicant(s):

\_\_\_\_\_  
Signature of applicant(s):

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Date:

**(Please include supporting documents to indicate the above signature(s) are authorized according to your organizations by-laws)**

If you have any questions please feel free to call Michele Kearney, Executive Director (212) 932-7312