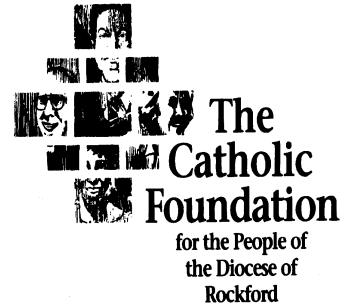


## Retained Earnings to Corpus Request

Please use this form to make a Retained Earnings transfer to Corpus.  
You may make **one transfer to Corpus per account per quarter** .  
Questions, call 815-399-4300. Please mail or fax to 815-399-5657.



Date \_\_\_\_\_

Participant Name \_\_\_\_\_

City \_\_\_\_\_

Diocese of Rockford  
PO Box 7044  
Rockford, IL 61125-7044

### Please Transfer From Retained Earnings:

Account # \_\_\_\_\_

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

Transfer Amount \$ \_\_\_\_\_ ①

### Please Transfer To Corpus:

Account # \_\_\_\_\_

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

Transfer Amount \$ \_\_\_\_\_ ① Amounts must equal

\_\_\_\_\_  
Pastor Signature

\_\_\_\_\_  
Date

Office Use Only	
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