



COLUMBIA UNION REVOLVING FUND (CURF) WITHDRAWAL/NOTE PAID REQUEST

Please note a CURF staff member will call you to verify your information before processing your request.

Individual or Entity Name:	
Address:	
City/State:	Zip Code:
Phone Number:	

I hereby request that you sell/withdraw as soon as practicable the specified amount of Notes held in my Revolving Fund.

Amount:

Investment Number:

Are you requesting to close your account with this withdrawal? Yes No

Type of withdrawal:

ACH (Banking information on file)

Check (It will be mailed to the address on file)

Wire Transfer (there is a \$12 fee, and the wire form must be attached to this request)

Other CURF Accounts (please fill out the following section)

Investment Number	Account Owner Name	Amount
Total		

Signature

Print Name:	
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Signature:	
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Date:	
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For Office Use Only

Processed by:	Date:
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