



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:

Check (To be picked up)
 Check (It will be mailed to the above address)
 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:	
Signature:	
Date:	

For Office Use Only	
Processed by:	Date: