

I. General Information

Please use this form to withdraw funds from your existing Florida Trust Day to Day Fund. Withdrawal requests received prior to 11:00 a.m. EST and in good order will be processed the same day.

If you have questions about completing this form, please contact our Shareholder Services Department at: (877) 558-5008. Once completed, please provide the following information to the Trust Operations Manager, FACC Services Group, at bgries@flclerks.com

1. Acc	ount Name:					
2. Acc	ount Number:					
3. Tax	Identification 1	Number:				
4. Con	tact Information:					
		Name	Title			
		Phone Number	Fax Number	Email		
		Name	Title			
		Phone Number	Fax Number	Email		
Please would 1. Pl	1. 110000					
□ W:	ire*					
	k information m tion III.	ust either currently exis	st on the withdrawal a	ccount or be provided		

1 Florida Trust



III. Depository Information

VI.

Please complete this section if you would like the ability

for redemption proceeds to be sent to your bank electronically and there is no bank information currently existing on the account. This form must be received at least 14 days prior to your initial transaction to establish and confirm your bank information. If possible, please attach a voided, unsigned check or deposit slip for this bank account. If information on voided check differs from information on this form, the information from the voided check will be used.

Ιw	ould like to: ☐ Add	☐ Change bank i	nformation.		
1.	Bank Name:				
2.	Bank Address:	Street	City	State	Zip
3.	Bank Account Name:				
4.	Bank Account Number	r:			
5.	Bank ABA Number (9	digits):			
	This is	s a: Checking Ac	count or Sa	vings Account	
ren nev to org (3) pur	thorized signatories of main in effect until the w withdrawal form; (2 execute this withdramization's account(s) the organization will resuant to this withdraw ganization is entitled between	e organization char) I have been duly awal form and) in the Florida Trud I reimburse Florid wal form is determi	nges its election be authorized by the to withdraw the st Day to Day Funda Trust Day to Dened to be in excess	y executing and organization industrial above amound at the times industry Fund if the softhe amount	I delivering a dicated above amount paid to which the
	Name	Title		Signature	
	Name	Title		Signature	
	Name	Title		Signature	
	Name	Title		Signature	