

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](mailto:bgries@flclerks.com)

**I. General Information**

1. Account Name: \_\_\_\_\_

2. Account Number: \_\_\_\_\_

3. Tax Identification Number: \_\_\_\_\_

4. Contact Information: \_\_\_\_\_

Name	Title	
Phone Number	Fax Number	Email
Name	Title	
Phone Number	Fax Number	Email

**II. Single Withdrawal**

Please withdraw the following amount from my Florida Trust Day to Day Fund. If you would like to withdraw the entire amount, please write "ALL" in the space provided.

1. Please withdrawal \$ \_\_\_\_\_ from my Florida Trust Day to Day Fund.

2. Proceeds to be remitted by (select the following):

☐ Wire\*

*\*Bank information must either currently exist on the withdrawal account or be provided in section III.*

