

Please use this form to withdraw funds from your existing Florida Trust Short-Term Bond Fund. **Withdrawal requests received prior to 2:00 p.m. EST and in good order will be processed the next 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, 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 Short-term Bond Fund account. If you would like to withdraw the entire amount, please write "ALL" in the space provided.

1. Please withdrawal \$ \_\_\_\_\_ from my Florida Trust Short-Term Bond 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.*

### III. Depository Information

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.

I would like to: ☐ Add    ☐ Change bank information.

1. Bank Name: \_\_\_\_\_
2. Bank Address: \_\_\_\_\_  

Street
City
State
Zip
3. Bank Account Name: \_\_\_\_\_
4. Bank Account Number: \_\_\_\_\_
5. Bank ABA Number (9 digits): \_\_\_\_\_

This is a: ☐ **Checking Account**    or    ☐ **Savings Account**

### VI. Names, Titles and Signatures of Authorized Signers

I certify this withdrawal form supersedes and replaces any previous withdrawal form. As authorized signatories of the organization, I understand that (1) this withdrawal form will remain in effect until the organization changes its election by executing and delivering a new withdrawal form; (2) I have been duly authorized by the organization indicated above to execute this withdrawal form and to withdraw the above amounts from the organization's account(s) in the Florida Trust Short-Term Bond Fund at the times indicated above (3) the organization will reimburse Florida Trust Short-Term Bond Fund if the amount paid pursuant to this withdrawal form is determined to be in excess of the amount to which the organization is entitled based upon the net asset value of its account as of the appropriate date.

Name	Title	Signature
Name	Title	Signature
Name	Title	Signature
Name	Title	Signature