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Use this form to make a withdrawal from the COIF Charities Deposit Fund



Withdrawal form

! Important information

Please read before completing this form.

Please call our Client Services Team on freephone 0800 022 3505 if you have any questions about this form or would like to discuss any additional support needs. Please note that telephone calls are recorded. If being completed by hand, please use black ink and write in BLOCK CAPITALS.

All pages of this form should be returned to CCLA, PO Box 12892, Dunmow, Essex CM6 9DL. Alternatively, a PDF version of the form can be sent to **cclaclientservices@fnztaservices.com** if an email instructions authority is in place.

If you are sending your instruction by email please do not send the original documentation in the post

and do not resend the email and/or th					
Date (dd/mm/yyyy)					
Account name					
Account number					
Please withdraw					
£	OR	Please tick to withdraw	ALL	Please tick to clos	se account
Amount in words					
Reason for transaction					
Please tick one option Please send payment to the nomir	nated ban	k account			
OR					
Please transfer to another COIF C	harities D	eposit Fund account numb	er in the cha	rity's name	
The transaction will be processed as d	letailed in	the fund's Scheme Particu	ulars.		
Authorised signature(s) This form must be signed in accordanc	e with the	e current mandate.			
Full name		Full name			
Daytime telephone number		Davtime tele	phone numb	er	

CCLA One Angel Lane London EC4R 3AB



Freephone 0800 022 3505 clientservices@ccla.co.uk www.ccla.co.uk

CCLA Fund Managers Limited (registered in England & Wales No. 8735639), whose registered address is: One Angel Lane, London EC4R 3AB, is authorised and regulated by the Financial Conduct Authority and is the Manager of the COIF Charities Deposit Fund (registered charity No. 1046249). Under the UK Money Market Fund Regulation, the COIF Charities Deposit Fund is categorised as a short-term LVNAV Money Market Fund.

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