



## Trust Funds Withdrawal Form

Date of Request: \_\_\_\_\_

Date Funds Requested by: \_\_\_\_\_

Name of fund to be withdrawn from: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

Reason/purpose for funds: \_\_\_\_\_

Requestor:

Name (Printed): \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Send completed form to: **Bedford Trustees of the Trust Funds**  
**24 North Amherst Road**  
**Bedford, NH 03110**

Date Approved: \_\_\_\_\_

Trustee: \_\_\_\_\_ Trustee: \_\_\_\_\_

\_\_\_\_\_