UCSB GIFT FUND DEPOSIT/WITHDRAWAL REQUEST

Academic/Administrative Unit: _________________________________________________

Fund Name: ________________________________________________________________

Account Number/Fund Source Foundation Amount to be
Or Regents Reinvested/Withdrawn

_________________________________ ___________________ __________________

Fund Administrator initial one of the following as appropriate for reinvestment:

_____ This is linked to an Endowment Fund. I understand that the decision to reinvest funds into principal is irreversible and permanent. I understand that this means these funds will no longer be available for expenditure but instead shall be invested in order to produce greater returns and enhance future payouts.

_____ This is linked to a Fund Functioning as an Endowment. I understand that the decision to reinvest funds into principal is intended to be a long-term strategy. I understand that this means these funds will no longer be available for expenditure but instead shall be invested in order to produce greater returns and enhance future payouts. I understand that with Chancellor’s approval the principal of such a fund may be invaded, but that this should occur only under exceptional circumstances.

Fund Administrator initial the following as appropriate for withdrawal from a Fund Functioning as an Endowment:

_____ This is linked to a Fund Functioning as an Endowment. I am requesting the Chancellor’s approval to invade the Fund principal in the amount of $_____________ and certify that this is necessary due to exceptional circumstances.

Preliminary Endorsement:
This request is in conformance with donor intent and consistent with academic/administrative objectives of the unit. All parties understand that proceeds shall be invested in approved endowment portfolios composed of stocks and bonds and that some level of risk is inherent in these portfolios.

1. Fund Administrator: ____________________________________________ Date:___________

2. Dean/Vice Chancellor ____________________________________________ Date:___________

Review and Endorsement:

3. Campus Controller: ____________________________________________ Date:___________

4. IA-Finance & Administration: ________________________________________ Date:___________

5. Campus Budget Officer: ____________________________________________ Date:___________

Final Review and Approval:

6. Chancellor: ____________________________________________ Date:___________

(Accounting Office retains original and distributes signed copies to all parties) UCSB FFE-02 (10/18)