



For YSM use only

Instructions: In accordance with Policy 2203, this form must be completed and authorized by the University's Provost before being submitted to Gift Accounting for processing.

Name of UFFE to be decapitalized:		Gift #:	
Is complete decapitalization and closing of UFFE being requested?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Dollar amount to be withdrawn from UFFE:	\$
Date by which distribution requested (since endowment units must be redeemed (sold) to decapitalize a UFFE, please allow up to six weeks for the decapitalization to be completed):			
Reason why decapitalization is being requested:			

Withdrawal to be transferred to:	
Company	
Yale Designated	
Gift	
Cost Center	
Program	
Project	
Location	
Assignee	
Fund ID	

Requester Information			
Requester Name:		Email Address:	
Requester Department:		Campus Phone:	
Requester Signature:		Date:	

Approval of Request by Deputy Dean for Finance or Dir. YSM Central Administration			
Approved by:		Email Address:	
Title:		Campus Phone:	
Approver Signature:		Date:	

Authorization of Request by Provost			
University Provost Signature:		Date:	

Requester: Submit form to YSM Central Administration (100 CSS Suite 100), who will submit to Dean's Office for approval.

Dir. YSM Central Admin. to submit completed form and any supporting documentation to: giftawards@yale.edu

Gift Accounting, Office of the Controller, 25 Science Park, 150 Munson Street, New Haven, CT 06511