

**EXHIBIT E**  
**ST. JOSEPH INVESTMENT FUND, INC.**  
**INVESTMENT REDEMPTION FORM**

This form should be used to withdraw funds from a S.J.I.F. investment, for transfer to a bank account.

Redemptions may be made daily from the SJIF Short-Term Fund and requested quarterly (December 1, March 1, June 1, and September 1) from the SJIF Long-Term Fund (each a "Valuation Date").

**NOTE: Long-Term fund requests are due 15 days prior to fiscal quarter end.**

**Redemption Instructions**

**PLEASE REDEEM THE FOLLOWING INVESTMENT AMOUNTS (CHECK ONE BOX)**

on the next possible Valuation Date       on the Valuation Date(s) specified below:

If recurring, indicate frequency \_\_\_\_\_ (i.e. quarterly)

**Account Name** \_\_\_\_\_

Fund Name	Account Number	Redemption Amount*	Valuation	
St. Joseph Investment Fund Short-Term Fund	_____	\$ _____	_____ (month)	_____ (year)
St. Joseph Investment Fund Long-Term Fund	_____	\$ _____	_____ (month)	_____ (year)

\* If Redemption Amount exceeds \$10,000 please indicate purpose of the withdrawal.

**Please provide ACH transfer instructions below.**

Bank Name \_\_\_\_\_ ABA (Routing) No. \_\_\_\_\_

Account No. \_\_\_\_\_ Checking \_\_\_\_\_ Savings \_\_\_\_\_

**Certification & Signatures**

This Redemption Form supersedes and releases any previous Redemption Form. Participant acknowledges and agrees that this Redemption Form will remain in effect until it changes its elections by executing and delivering a new Redemption Form. Participant understands that this Redemption Form will be effective as of the Valuation Date(s) requested above, provided this form has been completed properly and is received by St. Joseph Investment Fund, Inc. ("SJIF") at least five business days before the Valuation Date(s) requested. The undersigned(s) has been duly authorized by the Participant to execute this Redemption Form and to redeem these investments in the selected Fund in the amounts and at the times indicated in this Redemption Form. Participant agrees to reimburse SJIF if the amount paid pursuant to this Redemption Form is determined to be in excess of the amount to which the Participant is entitled based upon its investment in a selected Fund as of the appropriate Valuation Date.

**TO BE COMPLETED AND EXECUTED BY THE PASTOR OR ONE OR MORE AUTHORIZED SIGNATORIES OF THE PARTICIPANT:**

_____	_____ Date _____
Exact Name of Participant	Taxpayer I.D. Number
_____	_____
Signature	Signature
_____	_____
Print Name	Print Name
_____	_____
Title	Title

**If any questions, please provide your organization's information as follows:**

Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-Mail Address (optional): \_\_\_\_\_

**This form may be faxed to (716) 847-5557.**

(FOR INTERNAL USE ONLY)

Date Form Received \_\_\_\_\_

Reviewed and Accepted by \_\_\_\_\_

Date Accepted \_\_\_\_\_