**MEMORANDUM**

DATE:

TO: UHF Fiscal Department, P.O. Box 11270, Honolulu, HI 96828

FROM: Name, Title, Ext, Email address

RE: Effect Quarterly Quasi Endowment Activity

Please transact an exchange in the amount of $ .

From DR: UHF account name - UHF account # (###-####-#)

To CR: UHF account name - UHF account # (###-####-#)

 To request draw down or increase of Quasi Endowment funds.

* *Minimum addition or redemption transaction amount is $5,000.*

 To establish a Quasi Endowment for a minimum of one year.

* *Minimum $50,000. Quasi endowments must be approved by the Foundation’s management*
* *Endowment payout will be made to the expendable, unless indicated below.*
* *Establishment of Account form is required.*

 Other as described below or attached.

**I certify that the purpose of this transfer falls well within the scope of the donor stated purpose of the funding account number. I further certify that we are authorized signers on the funding account.**

Authorized by: Authorized by:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name / Title Name / Title (required if over $3,000)

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For UHF use only

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

 John Han, VP Admin/CFO