

For Office Use Only: Acknow		
Initials Transaction #		
New Account Number		

NEW ACCOUNT DEPOSIT FORM

Use a separate form for each new account

USE &	a separate form for each flew account	
Name of Church or Agency	City	ST
Name of Account	Date	
\$		
Amount of Deposit		
We require a <u>separate</u> Deposit Form for each ch please attach a separate transaction form for ea		
A. How do you want the Foundation to account?:	distribute potential interest, dividend	ls, and earnings for this
 □ Reinvest □ Pay interest & dividends out annual □ Pay interest & dividends out semi-a □ Fixed Percentage Payout (only ava Please see our website for this yea □ Pay interest & dividends out quarte 	annually allable on quarterly basis with Balance ar's rate	ed Growth Model).
B . Please choose the model you wish	to invest in:	
□ Stock Model□ Balanced Growth Model□ Balanced Income Model□ Fixed Income Model□ Money Market	 □ Capital Appreciation Model □ Weighted Growth & Incomediate Growth & Incomed □ Weighted Incomed □ Incomed □ Capital Preserved 	me Model me Model wth Model
If no box is checked, we will automatically	reinvest until instructed.	
SOURCE OF FUNDS: ☐ Bequest ☐ Memorial Gift ☐	☐ Existing Endowment ☐ Capital Campaign	☐ Other
1	(Please print	name)
() Daytime Telephone	Email address for sendin	g acknowledgements