

For Office Use Only:

Acknowledgement _____

Initials _____ Transaction # _____

INVESTMENT DIRECTION FORM

Transfer of Funds

Name of Church or Agency

City

ST

Date

Transfer From:

*Account Number	**Amount	Account Name	Model

* Complete a separate form for each transfer

** Write "close out" if this transfer results in closing the account

Transfer To:

*Account Number	Amount	Account Name	Model

If the transfer is being made to open a new account, how do you want the Foundation to distribute potential interest, dividends, and earnings for this account?:

- Reinvest
- Pay interest out annually
- Pay interest out semi-annually
- Fixed Percentage Payout (only available on quarterly basis with Balanced Growth Model).
Please see our website for this year's rate
- Pay interest out quarterly

****Requests for the Transfer of Funds in investment accounts need to be received before the last business day of the month for month-end processing. Transfer of funds in Money Market may be made at any time.***

1 _____

Primary Contact Person's signature

(Please print name)

(_____) _____

Daytime Telephone

Email Address for Sending Acknowledgements