

For Office Use Only: Ack. _____

Initials _____ Transaction # _____

New Account Number _____

NEW ACCOUNT DEPOSIT FORM

Use one form for each new account

Name of Church or Agency

City

State

Name of Account

Date

\$ _____
Amount of Deposit

Please complete a **separate** form for each check being deposited. If one check is used for multiple deposits, please complete a separate form for each account. (Copy this form as needed.)

How do you want the Foundation to distribute interest/dividends/earnings for this account?

- Reinvest
- Pay interest & dividends out annually
- Pay interest & dividends 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 & dividends out quarterly

Please choose the model you wish to invest in:

- | | |
|--|--|
| <input type="checkbox"/> Stock Model | <input type="checkbox"/> Capital Appreciation Model |
| <input type="checkbox"/> Balanced Growth Model | <input type="checkbox"/> Weighted Growth & Income Model |
| <input type="checkbox"/> Balanced Income Model | <input type="checkbox"/> Moderate Growth & Income Model |
| <input type="checkbox"/> Fixed Income Model | <input type="checkbox"/> Weighted Income & Growth Model |
| <input type="checkbox"/> Money Market | <input type="checkbox"/> Income & Capital Preservation Model |

If no box is checked, we will automatically reinvest until instructed.

Source of Funds:

- Bequest Memorial Gift Existing Endowment Capital Campaign Other _____

Primary Contact signature - REQUIRED

Print Name

(_____) _____
Daytime Telephone

Email address (for sending acknowledgement)