

For Office Use Only:

Acknowledgement _____

Initials _____ Transaction # _____

INVESTMENT DIRECTION FORM

Reallocation of Assets

Use one form per account number

Name of Church or Agency

City

State

Name of Account

Account Number

Date

CURRENT MODEL: _____

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

Please choose the model you wish to reallocate to:

- | | |
|--|--|
| <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.

Primary Contact signature -- REQUIRED

Print Name

(_____) _____
Daytime Telephone

E-mail address (for sending acknowledgement)