



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:

- | | |
|-----------------------|-------------------------------------|
| Stock Model | Capital Appreciation Model |
| Balanced Growth Model | Weighted Growth & Income Model |
| Balanced Income | Moderate Growth & Income Model |
| Model Fixed Income | Weighted Income & Growth Model |
| Model Money Market | Income & Capital Preservation Model |

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

Primary Contact signature -- REQUIRED

Print Name

(_____) _____
Daytime Telephone

Email address (for sending acknowledgement)