



SERVE. ADVISE. ENCOURAGE.

LETTER OF INSTRUCTION

Organization Name: \_\_\_\_\_

Organization Address: \_\_\_\_\_

Account Name/Number(s): \_\_\_\_\_

Apply to all Accounts for Organization

Authorized Signers: The above organization hereby authorizes the following to withdraw funds from the above account(s). Please indicate the number of signatures required to withdraw funds \_\_\_\_\_. Please submit a corporate resolution or documentation authorizing each listed individual to sign on behalf of the above organization.

Signature \_\_\_\_\_

Signature \_\_\_\_\_

Name/Title \_\_\_\_\_

Name/Title \_\_\_\_\_

Signature \_\_\_\_\_

Signature \_\_\_\_\_

Name/Title \_\_\_\_\_

Name/Title \_\_\_\_\_

Investment Options: The above organization hereby authorizes the following investments for the above account(s). Please indicate the percentage to be invested in each fund, percentages must total 100%.

\_\_\_\_ % Demand Cash Fund

\_\_\_\_ % Conservative Allocation Fund

\_\_\_\_ % Spending Plan Fund

\_\_\_\_ % Moderate Allocation Fund

\_\_\_\_ % Fixed Income Fund

Special Instructions: \_\_\_\_\_

Income Instructions: The above organization hereby authorizes the following instructions for the above account(s). Please indicate the selection for how income is to be administered.

Pay out all income quarterly

Hold income until requested

Reinvest income like principal

Other \_\_\_\_\_

By signing below, I (or we) affirm that the Foundation is not responsible for complying with the organization's investment or distribution guidelines and that I (or we) have read and understand the [Foundation's Disclosure Statement](#).

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Foundation Signature: \_\_\_\_\_ Date: \_\_\_\_\_

After completing form, please return by email (info@abf.org), fax (501-376-3831), or mail to the Arkansas Baptist Foundation, 10 Remington Drive, Little Rock, AR 72204.