



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.