

**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: \_\_\_\_\_