



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.