



LETTER OF INSTRUCTION – EXISTING ACCOUNT(S)

Organization Name: _____

- ☐
- Apply to all Accounts for Organization

- ☐ Apply to only Accounts listed below (If more room is needed, please attach a full list):

Account Name: _____ Account Number: _____

Account Name: _____ Account Number: _____

Account Name: _____ Account Number: _____

Please indicate updates or changes below.

Authorized Signers: ☐ Update ☐ No Change

The above organization hereby authorizes the following to withdraw funds from the above account(s). Please submit a corporate resolution or documentation authorizing each listed individual to sign on behalf of the above organization.

How many signers are required to request funds? _____

Signature_____Printed Name/Title_____

Signature _____ Printed Name/Title _____

Signature _____ Printed Name/Title _____

Signature _____ Printed Name/Title _____

Investment Options: ☐ Update ☐ No Change

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 (DCF) _____% Conservative Allocation Fund (CAF)

_____% Spending Plan Fund (SPF) _____% Moderate Allocation Fund (MAF)

Special Instructions _____

Income Instructions: ☐ Update ☐ No Change

The above organization hereby authorizes the following instructions for the above account(s).

- ☐ Invest all income until requested:
- ☐ Demand Cash Fund (DCF)
- ☐ Same as Principal Fund % above (*only available at month end*)

- ☐ Distribute all income on recurring schedule (*occurs last day of appropriate month*)

Please Choose Frequency: ☐ Monthly ☐ Quarterly ☐ Annually

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.