



LETTER OF INSTRUCTION – NEW ACCOUNT

Organization Name _____ Email _____

Organization Address _____ Phone _____

Account Name: _____

Authorized Signers: *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: *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: *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

Distribution Options: *(choose preference)*

Statement Options: (*choose preference*)

☐ ACH (*must complete form*)

How Often: ☐ Monthly ☐ Quarterly ☐ Annually

☐ Check (*mailed to address above*)

Delivery Method: ☐ Online Statement Portal

☐ Transfer to ABF account# _____☐ Paper Statement Mailed

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.