

MISSOURI BAPTIST FOUNDATION
Account Investment Instruction

Name of Investing Organization: _____ (“Participant”)

Address: _____

Account Name: _____

Account No. _____ (leave blank, if new account)

Phone: _____ Fax: _____

Email: _____

Total Amount of Deposit: \$ _____

Allocation of Funds

MBF Cash Fund	\$ _____	or	_____ %
MBF Bond Fund	\$ _____	or	_____ %
MBF Balanced Fund	\$ _____	or	_____ %
MBF Diversified Fund	\$ _____	or	_____ %
MBF Stock Fund	\$ _____	or	_____ %
MBF Income Fund	\$ _____	or	_____ %

Specific Investment Instructions:

Income is to be: _____ Reinvested in MBF Cash Fund _____ Reinvested per allocation above
_____ Distributed to: _____

Frequency of Distributions: ___ Monthly ___ Quarterly ___ Semi-annually
___ Annually

Distributions to begin: _____

Signature(s):

Printed Name(s) & title

Date:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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