

MISSOURI BAPTIST FOUNDATION
Term Investment Instructions

Name of Investing Organization: _____ (“Participant”)

Address: _____

Account Name: _____

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

Phone: _____ Fax: _____

Email: _____

Total Amount of Deposit: \$ _____

<u>Term Investments</u>		<u>Rate</u>
1 month	\$ _____	at _____ %
3 months	\$ _____	at _____ %
6 months	\$ _____	at _____ %
9 months	\$ _____	at _____ %
1 year	\$ _____	at _____ %
2 years	\$ _____	at _____ %
3 years	\$ _____	at _____ %
5 years	\$ _____	at _____ %

Note: See current rate schedule attachment

Date Funds Received by MBF office: _____ by _____