

MISSOURI BAPTIST FOUNDATION
Account Investment Instruction

Name of Investing Organization: _____ (“Participant”)
Location Address: _____ Mailing 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	_____ %
Other _____	\$ _____	or	_____ %
Term Investment (complete attached form)			

Specific Investment Instructions:

Income is to be: Reinvested in MBF Cash Fund Reinvested per allocation above
 Distributed to: _____ a
Frequency of Distributions: Monthly Quarterly Semi-annually
 Annually
Distributions to begin: _____

Signature(s):	Printed Name(s) & title	Date:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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 _____