

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: _____
Frequency of Distributions: Monthly Quarterly Semi-annually Annually
Distributions to begin: _____

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