

MISSOURI BAPTIST FOUNDATION

Term Deposit 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 Deposits</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 _____