

LEGACY Endowment Fund Application Form

Participant Name _____

Fund Name _____

Street _____

City _____ State _____ Zip _____

Phone _____ Email _____

Name of Primary Contact _____ Signature _____

Name of Secondary Contact _____ Signature _____

ABC-Region/Partner _____

Online Access Desired ABF REP _____

INITIAL INVESTMENT (IN DOLLARS) \$ _____

PLEASE NOTE: Unless otherwise requested, all individual and family named endowments are invested in ABF's Blended Portfolio with distributions, as determined by the Board, being distributed quarterly to the following charitable organizations, once the account is funded:

DISTRIBUTION INSTRUCTIONS:

Organization:

Percentage:

_____ %

_____ %

_____ %

ADDITIONAL REQUEST:

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I (we), the undersigned, am (are) duly authorized to execute this application on behalf of Participant referenced above. I (we) certify that Participant has read, understood and agreed to all statements in the following documents of the American Baptist Foundation:

LEGACY Endowment Fund Agreement

AUTHORIZED SIGNATURE(S):

Name _____ Signature _____ Date _____

Name _____ Signature _____ Date _____

Please return the completed application to the ABF office. Feel free to contact us if you have additional questions by Phone (610) 768-2035 or by email at ABFaccounts@abc-usa.org.