

Organizational Investment Application Form

Organization 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) \$ _____

INVESTMENT SELECTION

Fund:

Percentage:

- | | |
|--|---------|
| <input type="checkbox"/> Blended Portfolio (approximately 70% stock, 30% fixed income) | _____ % |
| <input type="checkbox"/> Stock Portfolio (all stock) | _____ % |
| <input type="checkbox"/> Fixed Income Portfolio (all fixed) | _____ % |
| <input type="checkbox"/> ESG Portfolio (approximately 70% stock, 30% fixed income) | _____ % |

DISTRIBUTIONS TO BE PAID:

- Annually
- Quarterly
- Upon 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:

Investment & Endowment Fund Plan (rev. _____)

Investment Disclosure Statement (rev. _____)

Organization Investment Participant Agreement

AUTHORIZED SIGNATURE(S):

Name _____ Signature _____ Date _____

Name _____ Signature _____ Date _____

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.