

P.O. Box 900 • Alcoa, TN 37701-0900

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FOUNDATION USE ONLY	
Account #:	
Account Type/Category:	
Date Received:	
Critical Date / Other:	

## **ACCOUNT INFORMATION SHEET**

NAME OF ACCOUNT:	
Participant (Church/Agency) Name:	
	Statement Mailed? Yes No
Primary Address:	
Phone: Fax:	E-Mail:
Account Signer #2/Title:Address:	Statement Mailed? Yes No
Phone: Fax:	E-Mail:
FREQUENCY OF STATEMENT:  Quarterly Annually Monthl  PURPOSE OF ACCOUNT:  Is this an Endowment? Yes No Are there donor restrictions on this fund? Yes	Is there a signed Agreement?  Yes No
ALLOCATION OF INVESTMENT: (may select one or m % Balanced Growth Fund % Intermediate Income Fund  REINVEST ALL EARNINGS INTO: % Balanced Growth Fund % Intermediate Income Fund	ore choices for each account):  % Short-Term Income Fund % Equity Growth Fund  % Short-Term Income Fund % Equity Growth Fund
DISTRIBUTION OPTIONS (NOTES:  A Make no automatic distributions. We will  B. Distribute % FMV using 3yr. avg.* Ar	contact you when a distribution is needed.  nually Quarterly
	nually Semi-Annually Quarterly nually Semi-Annually Quarterly
* We encourage an annual year-end valuation of endowments and a sli	ding scale of 0%-5% of a rolling three-year market value. Studies suggest that a 4% of a endowment from decreasing due to inflation. We recommend that a separate spending
The following individuals (up to two) are authorized to	make written withdrawals or changes to the account:
Account Signer #1 / Title (Printed)	Signature Date
Account Signer #2 / Title (Printed)	Signature Date

Additional deposits to accounts should be mailed to our ALCOA address. Please make checks payable to: HOLSTON FOUNDATION and indicate the account name/number to which the deposit is to be made. Additional account forms, investment policy, investment performance, and other information are available on our website <a href="https://www.foundation.holston.org">www.foundation.holston.org</a>.