

Allocation Update Form

To Update Existing Account Allocations

Questions or Need Assistance?

Call (909) 738-4000 or email info@bfcalf.org



THE BAPTIST
Foundation
OF CALIFORNIA™

1. Account Information

| | | | |
|----------------|-------|-----------------|-------|
| Account number | _____ | Name of Account | _____ |
|----------------|-------|-----------------|-------|

2. Allocation Update

| | | | |
|----------------------------------|----------|----|---------|
| Mid Term Income Fund | \$ _____ | or | _____ % |
| Long Term Income Fund | \$ _____ | or | _____ % |
| Global Equities Fund | \$ _____ | or | _____ % |
| Primary Alternatives Fund | \$ _____ | or | _____ % |
| Total | \$ _____ | or | 100% |

Opt-In for Semi-Annual Account Rebalancing

3. Disclosure & Signatures

By signing below, signer(s) acknowledge that they are the legally authorized signers for this account, that they have authorization to initiate an allocation change, and that they understand the risks associated with their investments as well as the fees associated with the allocation selected.

Signature

Name and Title of Authorized Signer (please print)

Date

Signature

Name and Title of Authorized Signer (please print)

Date

Signature

Name and Title of Authorized Signer (please print)

Date

Signature

Name and Title of Authorized Signer (please print)

Date

Deliver Form to:

Email: info@bfcalf.org (preferred)

Mail: The Baptist Foundation of California
3210 E. Guasti Road, Ste 640
Ontario, CA 91761