Additional Investment Request

Letter of Authorization

Questions or Need Assistance?

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



Account number	Name of Assessed			()
0	Name of Account			Contact Number
2. Investment	Information			
Amount of Contr	ribution: 	AC	ntribution Type: H from Bank Account on Record (preferred) nsfer from BFC Account:	
3. Allocation	of Investment			
elect One: Please us	se Existing Allocation on Acco	unt		
Please A	llocate Investment as Follows:			
N	lid Term Income Fund	\$	or _	%
L	ong Term Income Fund	\$	or	%
G	Blobal Equities Fund	\$	or	%
Р	Primary Alternatives Fund	\$	or	%
Т	otal (must equal amount of investment or 100%	\$	or	100%
4. Disclosure	& Signature			
Verification is re	quired prior to processing.			
I hereby authorize the	Baptist Foundation of California (Founda	count identified above	. The authorization is to rema	ain in full force and effect until the
custodian has receive opportunity to act on it	and written notification from me of its termin t. I hereby certify that the Foundation is du are returned for insufficient funds.			
custodian has receive opportunity to act on it rejection fee, if items a	d written notification from me of its termin t. I hereby certify that the Foundation is du	uly authorized to exec	ute this form on my behalf. I	acknowledge that I will be subject to a
custodian has receive opportunity to act on it rejection fee, if items a By signing below, sign movement of funds.	d written notification from me of its termin t. I hereby certify that the Foundation is duare returned for insufficient funds.	uly authorized to exec	ute this form on my behalf. I	acknowledge that I will be subject to a
custodian has receive opportunity to act on it rejection fee, if items a By signing below, sign movement of funds.	ed written notification from me of its termin t. I hereby certify that the Foundation is du are returned for insufficient funds. ner(s) acknowledge that they are the lega	ally authorized to executly authorized signers	ute this form on my behalf. I	acknowledge that I will be subject to a
custodian has receive opportunity to act on it rejection fee, if items a By signing below, sign movement of funds. I/we certify that a	ed written notification from me of its termin t. I hereby certify that the Foundation is du are returned for insufficient funds. ner(s) acknowledge that they are the lega all of the above information is of	lly authorized to executly authorized signers correct:	ute this form on my behalf. I	acknowledge that I will be subject to a

Send Letter of Authorization to:

Email: info@bfcal.org (preferred)

Mail: The Baptist Foundation of California

3210 E. Guasti Road, Ste 640, Ontario, CA 91761