

Distribution Request

Letter of Authorization

Questions or Need Assistance?

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



THE BAPTIST
Foundation
OF CALIFORNIA™

1. Account Information

_____ (____) _____ - _____
Account Number Contact Number Name of Account

2. Frequency- One Time or Recurring Authorization

Select One:

One Time Authorization

Cash Amount \$ _____
All Assets Please close this account

Distribution Type:

- ACH to Bank Account on Record (preferred)
- Check
- Wire to Bank Account on Record (\$12 wire fee will be added to distribution amount)
- Transfer to BFC Account:

_____ Account Name/Number

Recurring Transfer Authorization

Cash Amount: \$ _____

Distribution Type:

- ACH to Bank Account on Record (preferred)
- Check
- Wire to Bank Account on Record (\$12 wire fee will be added to distribution amount)

Frequency: _____

3. Third Party Check Disbursement

Verification is required prior to processing.

Cash Amount \$ _____ Made Payable to: _____
(Make sure to print name exactly as it should appear on check)

Mailing Address: _____
Address

_____ City, State, Zip Code

Other Instructions (if applicable):

4. Allocation of Distribution

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

5. Disclosure & Signature

By signing below, signer(s) acknowledge that they are the legally authorized signers for this account and that they have authorization to initiate a movement of funds.

I/we certify that all of the above information is correct:

_____ Signature

_____ Signature

_____ Name and Title (please print)

_____ Name and Title (please print)

_____ Date

_____ Date