

Management Service Enrollment Form

6100 Colwell Blvd., Suite 250 · Irving, Texas 75039 Phone: 1-800-955-3155 · 214-522-3155 Fax: 214-522-3157

Please place the funds listed below with Texas Presbyterian Foundation under the **Investment and Endowment Management Service**.

	Employer ID (EIN)
Organization:	Phone # _()
Address:	Fax # _()
City State Zip Code	Church website:
E-mail Contact Name:	E-mail Address:
Account Title:	Opening Value \$
Send Quarterly Statements to:	Title:
Mailing Address:	
Please indicate how you wish the funds invested	If you are invested in more than one fund and want to establish standing rebalance instructions: Rebalance investment mix (select 1): Annually Only when requested Select when to rebalance if annually: January 1 April 1 July 1 October 1
Please list any limitations or restrictions:	
Authorized by the action of the Session/Board of Trustees o	of
City:, State:	on (date), 20
PERSONS AUTHORIZED to sign for withdrawals and mal	e investment changes (please print or type names below signatures):
Signatures:	
Print names:	
Number of signatures required for withdrawals:	_
	By:Clerk of Session or other authorized representative

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