



Texas Presbyterian Foundation

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**.

Organization: _____ Employer ID (EIN) _____ - _____

Address: _____ Phone # (____) _____

City _____ State ____ Zip Code _____ - _____ Organization Website: _____

Point of Contact: _____ E-mail Address: _____

Position Title: _____ Opening Value \$ _____

New Account Title: _____ Create a new TPF Hub login to upload requests:

Mailing Address (if different than above): _____

Please indicate how you wish the *funds invested*:

____ % BALANCED FUND

____ % EQUITY – LARGE CAP FUND

____ % EQUITY – LARGE CAP GROWTH FUND

____ % EQUITY – LARGE CAP VALUE FUND

____ % EQUITY – SMALL CAP FUND

____ % EQUITY – INTERNATIONAL FUND

____ % EQUITY – EMERGING MARKETS FUND

____ % FIXED INCOME FUND

____ % REAL ESTATE INVESTMENT FUND

____ % REAL ASSETS FUND

____ % MONEY MARKET FUND

____ % SHORT DURATION INCOME FUND

____ % TOTAL (Should Equal **100%**)

Please indicate how you wish the *income directed*:

Income earned is to be distributed quarterly

Income earned is to be distributed only upon request

Income earned is to be reinvested in the same proportion as the investment

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 of _____ of _____

City: _____, State: _____ on (date) _____, 20_____.

PERSONS AUTHORIZED to sign for withdrawals and make changes to the account (*please print or type names below signatures*):

Signatures: _____

Print names: _____

Number of signatures required for withdrawals and account changes: _____

By: _____
Clerk of Session or other authorized representative