



# 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