

GEORGIA BAPTIST FOUNDATION, INC.

Trust Account Information Form

Trust Name/s: _____
Trust Number/s: _____

SECTION I

Mailing address for Statement Recipient:	<input type="checkbox"/> Change of Address
Statement Recipient name:	_____
Street address line 1:	_____
Street address line 2:	_____
City, Zip:	_____
Telephone #:	_____
Fax #:	_____
PAL Statements: <i>(Email address for notification of delivery of electronic statements)</i>	_____

SECTION II

Persons authorized to receive **written and verbal information** about the trust: **(PRINT)**

Title: _____	Name: _____
Telephone #: _____	Email: _____
Title: _____	Name: _____
Telephone #: _____	Email: _____
Title: _____	Name: _____
Telephone #: _____	Email: _____
Title: _____	Name: _____
Telephone #: _____	Email: _____

SECTION III

If applicable, list the persons authorized to request the **withdrawal** of discretionary funds (income and/or principal) and the number of signatures required on each request. Requests are submitted to the Foundation on your church's/agency's stationery via fax or mail. **(PRINT)**

Title: _____	Name: _____
Telephone #: _____	Email: _____
Title: _____	Name: _____
Telephone #: _____	Email: _____
Title: _____	Name: _____
Telephone #: _____	Email: _____
Title: _____	Name: _____
Telephone #: _____	Email: _____

IMPORTANT - Number of signatures required for withdrawals:
(If above line is not completed, we will need 2 signatures for withdrawals.)

SECTION IV

Form must be signed by two parties representing church/agency:

Signature: _____	Signature: _____
Title: _____	Title: _____
Date: _____	Date: _____