

SUNTRUST MASTER FUND A REQUEST FORM

Date of Request _____

Purpose of this form:

Section to Complete:

- Opening New Account (A), (B)
- Addition to Existing Account (B)
- Withdrawal from Existing Account (C)
- Change Existing Account Information (D)
- Purchase Units with Excess Cash (E)

Name of Congregation or Diocesan Institution _____

Address _____

Address2 _____

City _____ State _____ Zip _____

Account Name _____ Acct #: _____

(A) Income: Reinvest Accumulate Remit

If Remit, what is requested frequency? Monthly Quarterly Annually

Payee: _____

Check Direct Deposit (If Dir. Dep. , attach voided check)

(B) Deposit of: \$ _____ should be allocated to:

Purchase Units of MFA Cash Equivalents

Description of deposit: _____

(C) Amount Redeemed \$ _____ or Units Redeemed _____

Date Needed _____

Payable to: Name _____

Address _____

City _____ State _____ Zip _____

OR Direct Deposit to Bank Account on Record

(D) Account Maintenance: _____

(E) Use \$ _____ Cash to purchase applicable number of MFA Units

(F) Attach copy of Vestry Resolution Authorizing Withdrawal. Request and Resolution

should be sent to: Cynthia H. Davis
SunTrust Bank
Mail Code GA ATL 0221
303 Peachtree St., 15th Floor
Atlanta, GA 30308

Copy of Request and Resolution should be sent to Judith Gregory at the Bishop's Office.