

MASTER FUND A QUESTIONNAIRE

Please return to Truist and the Canon for Finance at the Mission Support Office
Please complete one questionnaire per Master Fund A Account

Account Number _____

Account Name _____

1. Please confirm what action is to be taken regarding your distributions:
 Receive
 Reinvest

2. Who is/are the person(s) authorized to sign the Request Form for the withdrawal of funds?

3. Who is/are the person(s) authorized to make inquiries of either the Business Manager or SunTrust in Richmond?

4. Who are your current auditors and their address and phone number? Unless otherwise notified, the assumption is that all investors use a calendar year end.

5. Are you interested in direct deposit for this account? Yes No
If so, please attach a voided check or deposit slip to this Questionnaire.

6. How often do you wish to receive statements? Monthly

If you have any questions, please contact Judith Gregory at (302)256.0374 Ext 108 or jgregory@delaware.church . Diocesan fax number (302)656-7342.

Please send the completed form to:
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Atlanta GA 30308
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