

Episcopal Diocese of Delaware MASTER FUND A REQUEST FORM

Section I. Check Deposit Transmittal – LOCK BOX

DEPOSITS WILL NOT BE PROCESSED WITHOUT ALL INFORMATION.

This form must be completed and mailed with all checks that are to be deposited to the named account. Instructions for mailing are below.

Episcopal Diocese of Delaware _____	_____
Account Name	Check Number

 Fund Name - Parish

Receipt Code	Description	Amount
38	DEPOSIT TO ACCOUNT (PLEASE CHECK ONE BOX) <input type="radio"/> Purchase of Master Fund A (Truist Account # 7044649) <input type="radio"/> For Cash Equivalents (Truist Account #7044613) Description Required: Received from _____ (Input Fund Name/Parish above)	\$ _____

Mailing Instructions

(A) CHECK DEPOSITS – Mail check and this form to:

Truist Institutional Advisory Services - Transmittals
 P.O. Box 896735
 Charlotte, NC 28289-6735

Or Overnight:

Truist
 P.O. Box 896735
 Attn: Lockbox # 896735
 5130 Parkway Plaza, Blvd.
 Charlotte, NC 28217-1964

(B) Copy of this form should be emailed to:

Cynthia Davis @ Cynthia.h.davis@truist.com
 Judith Gregory @ jgregory@delaware.church