



# Institutional Advisory Services

## Episcopal Diocese of Delaware - MASTER FUND A REQUEST FORM

Date of Request \_\_\_\_\_

Purpose of this form:

Section to Complete:

- |                          |                                     |          |
|--------------------------|-------------------------------------|----------|
| <input type="checkbox"/> | Opening New Account                 | (A), (B) |
| <input type="checkbox"/> | Addition to Existing Account        | (B)      |
| <input type="checkbox"/> | Withdrawal from Existing Account    | (C)      |
| <input type="checkbox"/> | Change Existing Account Information | (D)      |
| <input type="checkbox"/> | Purchase Units with Excess Cash     | (E)      |

Name of Congregation or Diocesan Institution \_\_\_\_\_

Address \_\_\_\_\_

Address2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Fund Name \_\_\_\_\_ Fund # \_\_\_\_\_

(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: \$ \_\_\_\_\_ (CHECK ENCLOSED) should be allocated to:

\_\_\_\_\_ Purchase Units of MFA (**Acct # 7044649-Truist Use Only**)

\_\_\_\_\_ Cash Equivalent (**Acct #7044613-Truist Use Only**)

Description of deposit: \_\_\_\_\_

(C) Amount to Redeem \$ \_\_\_\_\_ or Units to Redeem \_\_\_\_\_

Date Needed \_\_\_\_\_

Payable to: Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

OR \_\_\_\_\_ **Direct Deposit to Bank Account on Record** (Enter Last 4 Digits of Account #) \_\_\_\_\_

(D) Account Maintenance:  
(For Address Changes Only) \_\_\_\_\_

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

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**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

Send copy of this form to  
[Cynthia.h.davis@truist.com](mailto:Cynthia.h.davis@truist.com)  
[jgregory@delaware.church](mailto:jgregory@delaware.church)

**ALL OTHER REQUESTS**

Attach copy of Vestry Resolution Authorizing Withdrawal. This form and Resolution should be sent to:

Ms. Cynthia H Davis  
[Cynthia.h.davis@truist.com](mailto:Cynthia.h.davis@truist.com)  
PO Box 4655  
Mail Code: 803-05-02-15  
Atlanta, GA 30302

AND  
Judy Gregory  
[jgregory@delaware.church](mailto:jgregory@delaware.church)

**WITHDRAWALS AND DEPOSITS WILL NOT BE PROCESSED WITHOUT ALL INFORMATION.**