

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

Failure to provide the account number could delay check deposit

Episcopal Diocese of Delaware
 Company/Account Name

 Check Number

 Fund Name - Parish

Receipt Code	Description	Amount
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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	
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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

Send copy of this form to
 Brenda Marshall @ Brenda.marshall@truist.com
 Judith Gregory @ jgregory@delaware.church