

Episcopal Diocese of Delaware

MASTER FUND A REQUEST FORM

Section to Complete:

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

Name of Congregation or Diocesan Institution _____

Address _____

Address2 _____

City _____ State _____ Zip _____

Fund Name _____ Fund # _____

Section A.

Income: Reinvest Accumulate Remit

If Remit, what is requested frequency? Monthly Quarterly Annually

Payee: _____

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

Section B.

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 #) _____

Episcopal Diocese of Delaware

Section C.

Account Maintenance:

(For Address Changes Only) _____

Section D.

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

Instructions

Send this form to:

Brenda.marshall@truist.com and
tgray@delaware.church

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

Brenda Marshall
Brenda.marshall@truist.com

AND
Teri Quinn Gray
tgray@delaware.church

WITHDRAWALS AND DEPOSITS WILL NOT BE PROCESSED WITHOUT ALL INFORMATION.