

Episcopal Diocese of Indianapolis Special Fund Account Investment Information

New Account No. _____ Diocesan Investment: Yes ___ No ___
Existing Account No. _____ Church Investment: Yes ___ No ___
Federal ID Number: _____

Investment Account in which you wish to deposit these funds: (Check One)

Growth Fund _____ Balanced Fund _____

Date Check Sent to Diocese _____

Account Name _____
(What you want this account to be called)

Address For Bank Correspondence: _____

E mail for quarterly statement: _____

Income Option: Cash _____ Reinvest _____

If reinvestment is to be in another fund within the Special Fund Account, list below:
_____ Account No. _____

Original Investment Value \$ _____

Other Information (Such as legal or vestry/bishop committee restrictions) _____
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Date Check Received by the Diocese and sent to Wells Fargo _____ .

Cut along dotted line

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Episcopal Diocese of Indianapolis Special Fund Account Investment Form for Additions or
Withdrawals:

Account No. _____

Account Name _____

_____ Add _____ Withdraw \$ _____ (Enter dollar amount)

Date Sent to Diocese _____ Date Received by Diocese and sent to Bank _____