

NEW ACCOUNT APPLICATION and CHANGE FORM For

# THE EASTON EPISCOPAL FUND

I. Purpose of Form. Each parish or other diocesan entity must complete this form for each account (for example, John Smith Memorial Fund, Rectory Fund, Building Fund, etc.) that it establishes or maintains in the Easton Episcopal Fund. Also, a new form must be completed whenever there is a change in any information contained herein. For a change in authorized individuals, please fill out the Form to Change Authorized Individuals.

II. Name of Account or Fund (John Smith Memorial Fund, Rectory Fund, Building Fund, etc.)

Name: \_\_\_\_\_ Account: \_\_\_\_\_

\_\_\_\_\_ (Account number assigned by Board of Managers)

Is there a minimum balance that must remain in account? **YES** **NO** (please circle one choice)

If yes, please specify the minimum balance that must remain in the account \$ \_\_\_\_\_

III. Investing Entity Information

Parish or Investing Entity Name:

\_\_\_\_\_ Church Name (if applicable): \_\_\_\_\_

Federal Tax Identification Number. \_\_\_\_\_

IV. Remittance Instructions

See Appendix A. Remittances will only be made to the address of record or sent to the Bank Account of Record

V. Remittance Mailing Address (Indicate where monthly statements and other communications are to be mailed.) Organization:

\_\_\_\_\_  
Name & Title:

\_\_\_\_\_  
Mailing Address:

\_\_\_\_\_  
State & Zip: \_\_\_\_\_

Daytime Telephone

Number \_\_\_\_\_

VI. Beneficiary (Use the name on the account from which remittances will be made. Confirmation of electronic fund transfers will be mailed to the Remittance Mailing Address).

Account Name: \_\_\_\_\_ Bank  
Name: \_\_\_\_\_ Account No:  
\_\_\_\_\_ Bank Routing No: \_\_\_\_\_

Circle One:  Checking Account  Savings Account

Fund Account Number \_\_\_\_\_

**VII. Authorized Signatures** (The person(s) authorized to make withdrawals from this account must sign below. Only one authorization will be required for each withdrawal unless it is indicated that two must approve withdrawal. If an investing entity requires more than two authorized signatories on an account, please attach an addendum to this form.)

Signatures: \_\_\_\_\_

Printed Names: \_\_\_\_\_

Titles: \_\_\_\_\_

Work Telephones: \_\_\_\_\_ Home Telephones:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Two must sign for each withdrawal:  No  Yes (Board of Managers recommends Yes) Telephonic  
Instructions Allowed for Withdrawals\*:  No  Yes (please check one)

(\*Not available if two signatures are required)

**VII. Certification.** The undersigned certify that the Vestry, or other appropriate governing body, of the above named Parish/Investing Entity has: authorized the establishment of this account/fund; has authorized the person(s) listed above to make withdrawals; has directed that remittances be made to the named beneficiary; and has directed that reports, confirmations of automatic deposits, and other communications be mailed to the listed remittance mailing address. We further certify that the Vestry, or other governing body, assumes full responsibility for adhering to any restrictions that may pertain to this account. The undersigned certify that the Vestry or other governing body authorized all of the above or changes thereto by resolution on: \_\_\_\_\_ (date).

Treasurer

Signatures: \_\_\_\_\_ Printed Names: \_\_\_\_\_  
\_\_\_\_\_ Telephones: \_\_\_\_\_

(Home (Work)

Senior Warden/Chief Executive Officer

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ (Home) (Work)

Date of Application: \_\_\_\_\_

Account Number \_\_\_\_\_

## APPENDIX A

### REMITTANCE and INITIAL INVESTMENT INSTRUCTIONS

#### 1. REMITTANCE INSTRUCTIONS

Remittance payments for investments in the Easton Episcopal Balanced Fund are to be made to the beneficiary as specified above in Section VI (check one):

\_\_\_\_\_ Constant Return (annual % recommended by Board of Managers) a set amount paid each month of the calendar year based on the 3 year average through September 30 of the prior year.

\_\_\_\_\_ Dividend & Interest Income Only (paid monthly) \_\_\_\_\_ Pay Fixed Amount \$ \_\_\_\_\_

Frequency (circle one) Quarterly, Semi-Annually, Annually. OR No Automatic Payments. Please reinvest income.

#### 2. INITIAL INVESTMENT INSTRUCTIONS

Please invest our initial deposit in The Easton Episcopal Balanced Fund

\$ \_\_\_\_\_ -

Easton Episcopal Fund

c/o Mutual Shareholder Services 8000 Town Centre Drive  
Suite 400  
Broadview Heights, OH 44117

Mail, Email, or fax to the addresses below:

800-595-3166, or 440-922-0066 EXT 120

440-526-4446

EMAIL: [Easton.Episcopal.Funds@mutualss.com](mailto:Easton.Episcopal.Funds@mutualss.com)

EEF Use Only Eligibility Approval By: \_\_\_\_\_ Date \_\_\_\_\_

CALL: FAX:

If you need help in completing this form please call: Fund Administrator Debra Dragone  
302-831-6818

Or Dave May, Osprey Capital Management 410-810-0851

Form approved 12/31/2018