

NEW ACCOUNT APPLICATION and CHANGE FORM For
THE EASTON EPISCOPAL FUND

For new account applications, please fill out and mail with a check to:

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

Make check payable to: Easton Episcopal Fund

For change of any other information in this form, see instructions at bottom of form.

I. **Purpose of Form:** Complete this form for each new parish or diocesan entity account (for example, John Smith Memorial Fund, Rectory Fund, Building Fund, etc.) you wish to establish in the Easton Episcopal Fund. Also, submit a newly completed form to change any information contained herein. For a change in authorized individuals, please use the *Form to Change Authorized Individuals*.

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

Name: _____

Account # (assigned by Board of Managers): _____

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

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. NOTE that Remittances will only be made to the Address of Record or sent to the Bank Account of Record.

V. Parish or Organization Mailing Address (Indicate where remittances, monthly statements and other communications are to be mailed.)

Name of Parish or Organization: _____

Name & Title of Addressee: _____

Mailing Address: _____

State & Zip: _____

Daytime Phone 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 withdrawals. If an investing entity requires more than two authorized signatories on an account, please attach an addendum.

Signature: _____

Printed Name: _____

Title: _____

Work Phone: _____

Home Phone: _____

Signature: _____

Printed Name: _____

Title: _____

Work Phone: _____

Home Phone: _____

Two must sign for each withdrawal: _____ **No** _____ **Yes** (Board of Managers recommends **Yes**)
Telephone Instructions Allowed for Withdrawals*: _____ **No** _____ **Yes** (please check one)
(*Not available if two signatures are required)

VIII. Certification. The undersigned certify that the Vestry, or other appropriate governing body of the above-named Parish/Organization has: Authorized the establishment of this account/fund; Authorized the person(s) listed above to make withdrawals; Directed that remittances be made to the Named Beneficiary; and 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

Signature: _____

Printed Name: _____

Home Phone _____

Work Phone _____

Senior Warden/Chief Executive Officer

Signature: _____

Printed Name: _____

Home Phone _____

Work Phone _____

Date of Application: _____

Account Number: _____

APPENDIX A REMITTANCE and INITIAL INVESTMENT INSTRUCTIONS

1. **REMITTANCE INSTRUCTIONS:** Remittance payments for investments in the Easton Episcopal Fund are to be made to the Beneficiary as specified above in Section VI (check one):

- _____ Constant Rate of Return (annual withdrawal % recommended by Board of Managers) based on the 3-year rolling average EEF return (See form: **Calculating A Periodic Withdrawal**)
- _____ Dividend & Interest Income Only (paid monthly)
- _____ Fixed Amount \$_____ Frequency (circle one) Quarterly, Semi-Annually, Annually.
- _____ No Automatic Payments. Please reinvest income.

2. **INITIAL INVESTMENT INSTRUCTIONS:**

Enclosed is our deposit in The Easton Episcopal Fund, \$_____

Make check payable to: Easton Episcopal Fund

MAIL completed form with initial investment check to:

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

For any other changes to the instructions of information submitted in this form, please fill out a new form and mail, fax or email with authorized signatures to:

Easton Episcopal Fund
Mutual Shareholder Services
8000 Town Centre Drive Suite
400 Broadview Heights, OH 44117
800-595-3166, or 440-922-0066 EXT 125
Michael Anthony: manthony@mutualss.com
440-526-4446

EMAIL: Easton.Episcopal.Funds@mutualss.com

EEF Use Only Eligibility Approval By: _____ Date _____

Mail, Email, or fax to the addresses below:

Michael Anthony 440-922-0066 EXT 125
Michael Anthony: manthony@mutualss.com
EMAIL: 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](tel:302-831-6818)

Form approved 08/06/2023