



CATHOLIC FOUNDATION

Contact / Distribution Information / Asset Allocation

Account Name: _____

Account Number: _____

Contact: Add Remove

Name: _____

Address: _____

Phone No.: _____ Fax No: _____

Email: _____

KeyLink (Internet access to account)? Yes No

Investment Election – Must be completed for contributions

Includes new distribution instructions? Yes No

	Existing Balances	New Contributions
Amount of Deposit or Reallocation	\$ _____	\$ _____
Investment in Money Market Fund	_____ %	_____ %
Investment in Fixed Income Pool	_____ %	_____ %
Investment in Balanced Pool	_____ %	_____ %
Investment in Long Term Pool	_____ %	_____ %
Investment in Aggressive Growth Pool	_____ %	_____ %
TOTAL (must equal 100%)	_____ %	_____ %

Checks should be made payable to the Catholic Foundation c / o KeyBank

Income (Current Distribution):

- Reinvested
- Direct a distribution as needed by using Withdrawal Form
- Automatic Distributions

Options: Monthly Quarterly Annually

Method of Distribution:

Issue Check to Parish
Parish Name: _____

Direct Distribution to checking or savings account – please complete below:

Financial Institution: _____

Phone No: _____

Account Name: _____

Account No: _____

If other than KeyBank ABA (Routing) No: _____

Authorization Section – Must Be Completed

Authorized Signature: _____

Printed Name and Title: _____

Date: _____

Catholic Foundation Acknowledgement: _____

KeyBank Acknowledgement: _____

Date: _____

Date: _____