



## Fiduciary Deposit Account Application

Phone: (602) 220-0042  
Fax: (480) 508-7810  
Toll Free: 1 (866) 356-5595  
Email: Info@wafsda.org

Western Adventist Foundation is a Seventh-day Adventist  
Trust Management Corporation (WAF)  
MAILING ADDRESS: PO Box 15430, Scottsdale, AZ 85267  
FEDEX: 13825 N Northsight Blvd. Bldg. A-201, Scottsdale, AZ 85260

**Instructions:** Please write carefully with a blue or black pen.

### ACCOUNT FIDUCIARY

Identify the fiduciary for the account.

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

Address: \_\_\_\_\_ Email: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

### BENEFICIAL OWNER

Identify the beneficiary owner for the account.

The beneficial owner is:

Still Living ☐ Deceased ☐ A Trust or Estate ☐ The same as the Account Fiduciary ☐

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

Address: \_\_\_\_\_ Email: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

If the beneficial owner is a living person, please provide an SSN #: \_\_\_\_\_

If the beneficial owner is an estate, trust, or the fiduciary, please provide an EIN #: \_\_\_\_\_

### AUTHORIZED INDIVIDUAL & PRIMARY CONTACT

Please provide the name and contact information of the individual assigned to this role, along with governing board Minutes, Corporate Resolution, copy of the Trust, or copy of the Will that establishes their appointment.

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

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

How will the account be invested?:

Conservative ☐ Moderately Conservative ☐ Moderate ☐ Moderately Aggressive ☐

*The investment options referenced are WAF's Revocable Model Asset Allocations. See the latest Investment Review.*

Will statements be mailed quarterly via USPS or will the account fiduciary login to our online portal?:

USPS Mail ☐ Enable Online Access ☐

Will the TDA make payments or redeposit income back into the account?

Payments of income to the Beneficial Owner: Monthly ☐ Quarterly ☐ Semiannually ☐ Annually ☐

Fixed payments of \$\_\_\_\_\_ Monthly ☐ Quarterly ☐ Semiannually ☐ Annually ☐

Redeposited back into the account: ☐

### **ACKNOWLEDGEMENT OF TERMS**

Please review these terms carefully.

The authorized representatives of the organization named above hereby authorize Western Adventist Foundation (WAF) to establish and administer a deposit account for the benefit of the designated owner, in accordance with the instructions set forth herein and subject to applicable management fees.

WAF's role is limited to fund allocation, income and gain/loss tracking, preparation of quarterly reports, issuance of appropriate tax documentation, and the disbursement of funds back to the account's designated beneficial owner or the return of funds to the fiduciary.

The fiduciary, or a duly authorized agent as designated in the applicable legal documentation, shall retain the authority to modify any elections associated with the account, including the right to close the account and request the return of all funds.

\_\_\_\_\_  
Authorized Individual # 1 Signature

\_\_\_\_\_  
Authorized Individual # 2 Signature, if applicable

\_\_\_\_\_  
Date

If the account fiduciary is also the beneficial owner of the account, please provide a detailed explanation:

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