



## Institutional 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.

### ORGANIZATION

Identify the beneficial owner of the account.

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

Address: \_\_\_\_\_ EIN: \_\_\_\_\_

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

### FIRST AUTHORIZED INDIVIDUAL & PRIMARY CONTACT

Please provide the name and contact information of the individual assigned to this role, along with governing board Minutes that document their appointment. If this individual is located at a different address than the organization, be sure to include their mailing address on page two of the application.

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

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

### SECOND AUTHORIZED INDIVIDUAL

Please provide the same information for a second individual (below), if applicable. If this individual is located at a different address than the organization, be sure to include their mailing address on page two of the application.

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

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

### ADDITIONAL ACCOUNT INFORMATION

Make one selection in each category. If you are planning to split your investment between more than one model, please include an investment instructions form.

What will be the initial funding amount?: \$ \_\_\_\_\_

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 the income be paid quarterly to the organization or redeposited into the account each period?:

Paid Quarterly ☐

Redeposited ☐

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

USPS Mail ☐

Enable Online Access ☐

**ACKNOWLEDGEMENT OF TERMS**

Please review these terms carefully.

The representatives of the above-listed organization authorize Western Adventist Foundation to establish and maintain an investment account for the benefit of the above-listed organization, in accordance with the instructions provided herein and subject to applicable management fees.

The organization, as documented in the official Minutes of its governing body, is responsible for notifying Western Adventist Foundation of any conditions or restrictions related to withdrawals, any lapse in the authority of a designated individual, the appointment of successor authorized individuals, and any written requests concerning changes to the allocation model or to the payment or redeposit of account funds.

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

\_\_\_\_\_  
Authorized Individual # 2 Signature

\_\_\_\_\_  
Date

Additional Information, i.e. address(es) for the authorized individual(s):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_