



Ministry Funds Management Investment Allocation Form

(Existing Clients)

_____ (Client) requests that its Ministry Funds Management account as identified below be invested in accordance with this Investment Allocation Form. **Asset selections made and authorized signers named within this Investment Allocation Form are applicable to this account only.** (New accounts will be assigned an account number upon inception of Ministry Funds Management account.)

Account Name: _____

Account Number: _____

\$ _____ CBL Term Investments

Please indicate CBL Term Investments by dollar amount and term below (*total must equal amount listed above*). Multiple CBL Term Investments may be selected. A description of investments may be found in the Ministry Funds Management Investment Options. WatersEdge Advisors is available to work with you to personalize a portfolio that will meet your institution's liquidity needs and desired maturity schedule.

- \$ _____ One Month Term Investment
- \$ _____ Three Month Term Investment
- \$ _____ Six Month Term Investment
- \$ _____ Nine Month Term Investment
- \$ _____ One Year Term Investment
- \$ _____ Two Year Term Investment
- \$ _____ Three Year Term Investment
- \$ _____ Five Year Term Investment

Executed and effective this _____ day of _____, 20_____

CLIENT:

BY: _____

Signature

Print name and title