

Friends Fiduciary Account Information and Authorization

Name of Meeting/Organization: _____ **Date:** _____

Account Names: i.e. General Fund,
Maintenance Fund, Scholarship Fund, etc.

Investment Options: Quaker
Growth & Income Fund, Quaker
Green Fund, Short Term
Investment Fund, etc.

Semi-Annual Distribution
Instructions: Distribute, Reinvest, or
Partial Reinvest (Growth & Income
and Green Funds only).

The person serving as _____ (treasurer, clerk, etc.) is authorized as the Fund Representative of the accounts named above. [The Fund Representative is the person authorized to make withdrawals from and changes to the accounts.] Please notify FFC whenever there is a change to the person serving in this position. The Fund Representative is:

Name: _____

Address: _____

Phone: _____ Email: _____

Note: Additional approval from your organization/meeting is required for withdrawals

The person serving as _____ (treasurer, clerk, etc.) is designated as the second authorizer of the accounts named above. Please notify FFC whenever there is a change to the person serving in this position. The second authorizer is:

Name: _____

Address: _____

Phone: _____ Email: _____

Friends Fiduciary will call or e-mail the second authorizer if their signature does not appear on Withdrawal Request Form.

Fund Representative Signature

Second Authorizer Signature

Name: _____

Name: _____

Signature: _____

Signature: _____

Date: _____

Date: _____

Special Instructions (e.g. approved minutes should accompany all withdrawals):

Individuals listed above will receive copies of quarterly statements and other communications (e.g. E-Bulletins, Newsletters, etc.). Please notify Friends Fiduciary if others should receive these items.

*Questions: contact Friends Fiduciary Corporation
1650 Arch Street, Suite 1904, Philadelphia, PA 19103
215-241-7272 Phone, 215-241-7871 Fax*