



Account Transfer Form

Organization/Church Name: _____
Phone Number (if questions): _____
E-mail: _____
Account Name and Number: _____ /# _____
Amount of Transfer: \$ _____

Transfer FROM:

- | | | | |
|--|----------|--|----------|
| <input type="checkbox"/> Church Expansion Term | \$ _____ | <input type="checkbox"/> Group Equity Fund | \$ _____ |
| <input type="checkbox"/> Balanced Fund | \$ _____ | <input type="checkbox"/> Group Income Fund | \$ _____ |
| <input type="checkbox"/> Defensive Strategies | \$ _____ | <input type="checkbox"/> Growth Fund | \$ _____ |
| <input type="checkbox"/> Endowment Fund | \$ _____ | <input type="checkbox"/> Income Fund | \$ _____ |
| <input type="checkbox"/> Enhanced Cash Fund | \$ _____ | | |
-

Transfer TO:

- | | | | |
|---|----------|--|----------|
| <input type="checkbox"/> Church Expansion Term* | \$ _____ | <input type="checkbox"/> Group Equity Fund | \$ _____ |
| <input type="checkbox"/> Balanced Fund | \$ _____ | <input type="checkbox"/> Group Income Fund | \$ _____ |
| <input type="checkbox"/> Defensive Strategies | \$ _____ | <input type="checkbox"/> Growth Fund | \$ _____ |
| <input type="checkbox"/> Endowment Fund | \$ _____ | <input type="checkbox"/> Income Fund | \$ _____ |
| <input type="checkbox"/> Enhanced Cash Fund | \$ _____ | | |

*A selection certificate is required for a CET transfer

This Organization/Church authorizes the Southern Baptists of Texas Foundation to transfer these funds in accordance with the instructions on this form.

Signature: _____ Date: _____

2nd Signature: _____ (If required, per Account Information Form)

Email to: bdavis@sbtexasfoundation.com or fax to 682-252-4769

For questions call Barbara at 682-347-4900