

FREE WILL BAPTIST
FOUNDATION

5233 Mount View Road, Antioch, Tennessee 37013-2306 / Phone: (877) 336-7575, (615) 760-6158 / Fax: (615) 727-1160

MONEY MANAGEMENT TRUST INFORMATION FORM For INDIVIDUALS

Account Holder: 1. Name: _____
[Please Print]

Signature: _____

Social Security Number: _____ Birthdate: _____

2. Name: _____

Signature: _____

Social Security Number: _____ Birthdate: _____

Address: _____

City: _____ State: _____ Zip: _____ - _____

Phone: (____) _____ - _____ E-Mail: _____

How do you want the interest earned paid? (*check one of the following*)

Directly to you each six months, or Deposited into the trust to compound? Or,

Paid directly to the following ministry: _____

In the event both of the account owners die, any remaining balance should be paid to the following:

A. A minimum of 20% shall be paid to the following Free Will Baptist ministry or ministries (*Please list each ministry by name and address; and for multiple ministries, enter percentage*)

1. _____ %

2. _____ %

B. Individual beneficiaries (*List name, address, relationship and Social Security number of each*):

1. _____

_____ %

2. _____

_____ %

(Use back of page for additional ministries and/or individuals)