

FREE WILL BAPTIST
FOUNDATION

MONEY MANAGEMENT TRUST INFORMATION FORM

Account Holder(s): 1. Name _____

Social Security Number _____ Birthdate _____

2. Name _____

Social Security Number _____ Birthdate _____

Address _____ City _____ ST _____ Zip _____

Phone _____ E-mail _____

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

_____ Directly to you each six months

_____ Retained in the trust to compound

_____ Paid directly to a 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 Baptist ministry or ministries:

1. _____ %

2. _____ %

B. Individual beneficiaries (List name, address, relationship and SSN of each)

1. Name _____ Relationship _____ %

Address _____ City _____ ST _____ Zip _____ SSN _____

2. Name _____ Relationship _____ %

Address _____ City _____ ST _____ Zip _____ SSN _____

3. Name _____ Relationship _____ %

Address _____ City _____ ST _____ Zip _____ SSN _____

4. Name _____ Relationship _____ %

Address _____ City _____ ST _____ Zip _____ SSN _____