



**LOUISIANA  
BAPTIST  
FOUNDATION**

P. O. Box 311  
Alexandria, LA 71309-0311  
(318) 445-6056 (877) 523-3863

Entity Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Telephone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ eMail: \_\_\_\_\_  
 Account Name \_\_\_\_\_  
 New Account  Update Information LBF ONLY: Owner Number \_\_\_\_\_

## ACCOUNT AUTHORIZATION FORM

### 1. Account Maintenance

\_\_\_\_\_ (ENTITY), authorizes the following *individual to maintain our account(s)* with the Louisiana Baptist Foundation:

\_\_\_\_\_  
Print Name - Entity's Account Representative

\_\_\_\_\_  
Signature

### 2. Authorized Signers

\_\_\_\_\_ (ENTITY), authorizes the following *individuals to approve withdrawals* on our account with the Louisiana Baptist Foundation: (at least 3 recommended)

\_\_\_\_\_  
Print Name - Account Signer

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name - Account Signer

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name - Account Signer

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name - Account Signer

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name - Account Signer

\_\_\_\_\_  
Signature

**ENTITY** will provide a *withdrawal slip signed by* \_\_\_\_ *individual(s)* listed above in order to process withdrawal requests. We agree to notify the Louisiana Baptist Foundation of any change in the signers.

### 3. Account Allocation / Disbursement of Income

**Choose One:**  Short Term Fund  Group Investment  Diversified Income  Other

**Income:**  Reinvested  Distributed to Entity  Other: \_\_\_\_\_

### 4. Certification

I, \_\_\_\_\_, **certify** that the ENTITY granted the authority as stated above and that we agree to the terms of the Account Management Agreement for the LBF managed funds.

\_\_\_\_\_  
Entity Representative

\_\_\_ / \_\_\_ / \_\_\_  
Date

**Louisiana Baptist Foundation** agrees to administer the funds in accordance with the agreement, authorizations and policies as set by the LBF Board of Trustees.

\_\_\_\_\_  
Foundation Representative

\_\_\_ / \_\_\_ / \_\_\_  
Date



## ACCOUNT MANAGEMENT AGREEMENT LOUISIANA BAPTIST FOUNDATION (LBF)

By completing the Account Authorization Form, a church or ministry (ENTITY) agrees to the following terms and conditions of this Account Management Agreement to establish an account with the Louisiana Baptist Foundation, (LBF) Alexandria, Louisiana.

1. ENTITY hereby deposits and assigns to LBF, as agent for the LBF Short Term Fund, Diversified Income Fund and Group Investment Fund, money to manage, invest, commingle with other funds on behalf of ENTITY with complete authority hereby granted to LBF to act in its own name as agent with full power of attorney to act in a reasonable and prudent manner consistent with the instructions of ENTITY as expressed herein.
2. ENTITY, by depositing money with LBF, agrees to the current OPERATION POLICIES (instructions for account deposits, withdrawals, and interest earned), INVESTMENT POLICIES (description of types, quality and allocation of investments, priorities, and goals), and DISCLOSURE STATEMENT which includes fees assessed.
3. ENTITY will provide account name in writing to the LBF on deposit slips provided. There is no limit on the number of ENTITY accounts. Interest and earnings will be reinvested unless ENTITY provides written instructions otherwise.
4. LBF shall transact business between the ENTITY and LBF only with individuals who have been authorized by the ENTITY. ENTITY shall notify the LBF of authorized individuals via the completed ACCOUNT AUTHORIZATION FORM. It is the ENTITY'S responsibility to notify LBF of any changes to authorized individuals through an updated ACCOUNT AUTHORIZATION FORM.
5. LBF shall provide an account statement to ENTITY in accordance with OPERATION POLICIES.
6. All notices and remittance of money to ENTITY shall be delivered by United States mail, unless otherwise agreed to by LBF and ENTITY consistent with OPERATION POLICIES, to the ENTITY address listed on the ACCOUNT AUTHORIZATION FORM.
7. LBF shall notify ENTITY thirty days prior to the effective date of any modification or amendment to ACCOUNT MANAGEMENT AGREEMENT, POLICIES or change in fees. ENTITY consents to any modification or amendment by continuing money under management by LBF beyond the effective date provided in the notice.

NOTE: The LBF OPERATING POLICES, INVESTMENT POLICIES and DISCLOSURE STATEMENT can be found at [www.LBInfo.org/Forms](http://www.LBInfo.org/Forms) or by contacting the LBF offices.

*Amended June 2, 2020*

**P. O. Box 311, Alexandria, LA 71309-0311    Phone: (318) 445-6056    Toll free: (877) 523-3863    Fax: (318) 445-8575**

**Website: [www.LBInfo.org](http://www.LBInfo.org)**