

The Combined Fund

Initial Purchase Application

Investor Name:		,					Account Nun	nber:		
Name of Parish/Organization:										
Name of Fund (if different from above):			ove):							
Tax Identification Number:										
Address:							Phone Number	r:		
City / State:										
ZIP:										
Purchase Instructions:				The Combined Fund (check one):						
				Long-Term Legacy Investment Pool (Original Combined Fund)						
				Mid-Term Capital Investment Pool						
				Short-Term Income Investment Pool						
Income Instruction - /-bb				Money Market Fund (Hold Cash Only)						
Income Instructions (check only one)				Hold all Income in The Combined Fund						
				Remit Check: Quarterly (Long-Term Legacy Fund only)						
				Remit Check: Annually (Long-Term Legacy Fund only)						
				Neither (Keep All Income in Money Market Fund)						
Statement Instructions (check one)				Send Statements Annually Only						
				Send Statements Annually and Quarterly						
Form of Payment (check										
one):			By Check:		\$		Trustees of Funds and Endowments, Inc. Michael Hagon, Executive Director			
			Ma			Mail to:	lail to: Trustees of Funds and Endowments, Inc. P. O. Box 250934			
							P. O. Box 250934 Milwaukee, WI 53225-6517			
			By Wire:		\$					
						Contact:	Michael Hagon, Executive Director For Wire Instructions			
							1 or wire mou	aotiono		
Signature On behalf of the parish/organization, I sign this application and certify that the taxpayer identification number is correct. We understand investments in The Combined Fund can be purchased and sold at any time of the month. We agree to give written notice of our intention to withdraw to the Trustees of Funds and Endowments, Inc. (c/o Michael Hagon, P.O. Box 250934, Milwaukee, WI 53225-6517) at least 15 days prior to date funds are needed. If we intend to withdraw more than \$100,000, we understand that we must give notice to the Trustees of Funds and Endowments, Inc. at least six weeks prior to the date funds are needed.										
Signature					Date					
Type or Print Name										
Title Title										
Acceptance On behalf of the Trustees of Funds and Endowments, Inc.,										
By:							Date:			