



The Combined Fund

Initial Purchase Application

Investor Name:		Account Number:	
Name of Parish/Organization:			
Name of Fund (if different from above):			
Tax Identification Number:			
Address:			Phone Number:
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		
	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. Jill Heller, Executive Director Trustees of Funds and Endowments, Inc. P. O. Box 1359 Lake Geneva, WI 53147-1359
	By Wire:	\$	Contact:

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 Jill Heller, P.O. Box 1359, Lake Geneva, WI 53147-1359 or JillHellerTFE@gmail.com) at least 15 days prior to the 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

Acceptance

On behalf of the Trustees of Funds and Endowments, Inc.,

By: _____ Date: _____