Joint Investment Trust Recurring Distribution Request



Complete this form to request a recurring distribution. To request a one-time withdrawal, please use the Withdrawal Request Form located in the 'For Investors' section of our website. Once completed and signed, please return this form by email, fax, or mail as directed at the bottom of this form.

Account #: Acco	ount Name:			
Section 1: Type of Request	t			
New Instructions (Supersed	es Existing In	structions)		
Discontinue Current Recurring Distribution				
Section 2: Type of Recurri	ng Distribu	tion		
Income as defined by the Jo	oint Investme	ent Trust		
Fixed Amount: \$	(Dis	stributed at eac	h date selected in S	ection 3)
Section 3: Distribution Fre	equency			
Annually (select one):	March 31	June 30	September 30	December 31
Semiannually (select one):	March	31 / Septemb	er 30 June 30	/ December 31
Quarterly (at the end of each	n calendar qua	arter)		
Distributions paid by check are mai Distributions transferred by direct d				
Section 4: Distribution Du	ration			
Until further notice		For this time	period:	to
Authorized Signature:				_ Date:
Authorized Signature:				_ Date:
Please verify that the above authoriz signers is determined by your minis signers or required number of signe section of our website.	try's policy as o	documented on y	our current signature	card. If your authorized
If you have any questions a	bout this form	n or about you	r investment with t	he Christian Church

Email:

Foundation, call us at 800-668-8016 (ask for Investment Services) or email us at the address below.

investments@ccf.disciples.org

Fax:

(317) 635-1991

Mail:

Christian Church Foundation

P.O. Box 1007

Indianapolis, IN 46206-1007

For additional forms and information, please visit the 'For Investors' section of our website www.christianchurchfoundation.org.