



INVESTMENT TRANSFER FORM

Investor Information

Investor Name _____ SSN _____

Address _____

City _____ State _____ Zip _____

☐ Home ☐ Cell

Home Phone _____ Cell Phone _____ Preferred Phone _____

☐ Single ☐ Married ☐ Widow

Email _____ Birth Date _____ Marital Status _____

Investment Transfer Instructions

Subject to the terms and conditions of Church Growth Investment Fund, the undersigned elects to initiate either a one-time or recurring transfer in the amount(s) indicated below.

One-Time Transfers

☐ Please make a one-time transfer from: _____ TO _____
Investment # Investment #

☐ of principal in the amount of: \$ _____

☐ of interest in the amount of: \$ _____

☐ of all interest available.

☐ of full balance.

Recurring Transfers

☐ Please set up a recurring transfer from: _____ TO _____
Investment # Investment #

☐ of principal in the amount of: \$ _____

☐ of interest in the amount of: \$ _____

☐ of all interest available.

Please start transferring from my investment(s) beginning on (date): _____

Please complete the Acknowledgement and Authorization section on Page 2. Thank you!

P.O. Box 23069 Jacksonville, FL 32241-3069 | 904-345-3221 | www.cgif.co



Acknowledgement and Authorization

By submitting this transfer request, the undersigned acknowledges that Church Growth Investment Fund will review the request for completeness and accuracy prior to approval. Processing will begin once the request is approved. Please allow up to 3 business days for the transfer to be processed by Church Growth Investment Fund.

Owner

Co-Owner (If Applicable)

Signature

Signature

Print Name

Print Name

Date

Date