THE SPARTANBURG COUNTY FOUNDATION
Your Community Foundation

INVESTMENT SELECTION FORM

Fund Name _____ Fund # _____

As authorized representative of the above referenced fund, I hereby request that this fund be invested as follows: (please complete a separate form for each fund)

	Percentage must equal 100%
Growth Pool	_____ %
Moderate Pool	_____ %
Money Market Pool	_____ %

Acknowledgement
By signing this form, I acknowledge that I have read and understand the SCF Investment Options brochure, and that I have authority to request the above changes.

_____	_____	_____
Printed Name	Signature	Date
_____	_____	_____
Printed Name	Signature	Date
_____	_____	_____
Printed Name	Signature	Date

For SCF Use Only

Date Received: _____

Approved by: _____

Effective Date: _____

Processed Date: _____

If additional signatures are required attach page 2

Fund Name _____ Fund # _____

_____	_____	_____
Printed Name	Signature	Date
_____	_____	_____
Printed Name	Signature	Date
_____	_____	_____
Printed Name	Signature	Date
_____	_____	_____
Printed Name	Signature	Date
_____	_____	_____
Printed Name	Signature	Date
_____	_____	_____
Printed Name	Signature	Date
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Printed Name	Signature	Date
_____	_____	_____
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