Spartanburg County 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. investment options may be changed one time within a 12-month period.

| _____ | _____ | _____ |
|---|---|---|
| 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 |
|---|---|---|
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