

1. INVESTOR INFORMATION				
Owner				
Co-Owner (if applicable)				
Mailing Address				
Phone: #1 #2	E-Mail			
2. INVESTMENT ADDITION ELECTION				
One-Time Addition				
Investment #				
I would like to make a one-time principal addition of \$	to tł	ne above investment.		
lacksquare Please debit the bank account indicated in S	ection 3.			
lacksquare Please find the enclosed check, made out to	The Solomon Founda	tion.		
□ My funds are available for processing as soon as poss	sible.			
Recurring Addition*				
Investment #				
I would like to make a recurring addition of \$	to the above inve	estment		
Please debit the bank account indicated in S		Stricter.		
□ Monthly on the, begin		(mm/dd/www)		
Weekly Bi-weekly on	(Monday	Friday only), beginning on _	(mn	n/dd/yyyy).
*Any recurring addition information entered here will nullify and repla	ace any current recurring ad	dition that may be in place.		
3. ELECTRONIC FUNDS TRANSFER AUTHORIZATION	N			
I desire to have The Solomon Foundation process any re	auest for electronic t	ransfors indicated on thi	s Addition Request	from
	•		s Addition Request	nom.
My existing bank account on file: (Bank Name)		 (Last 3 digits)		
A new bank account as listed on the enclosed EFT Au		. 5,	ending in	·
		(Bank Name)		3 digits)
4. ACKNOWLEDGMENT				
Print Name	Print Name			
Signature				
Date	Date			

*Two signatures are required for those investments opened with a two signature requirement.