

1. INVESTOR INFORMATION

Owner				
Co-Owner (if applicable)				
Mailing Address		City	State _	Zip
Phone: #1	#2	E-Mail		
2. INVESTMENT DISTRIBUTI	ON ELECTION			
I understand that if the investminvestment in addition to the a		-		
One-Time Distribution Investment #		s selection effective upon	maturity of this investi	nent.*
I would like to recerbank account indication		ion of \$	from the above inv	estment, credited to the
I would like to close	e the above investment	and have the balance crec	lited to the bank accou	int indicated in Section 3.
Interest Distribution Investment #	Please make thi	s selection effective upon	maturity of this investi	nent.*
I would like to rece account indicated ir		ion of all interest earned f	rom the above investn	nent, credited to the bank
	-	ion of accrued interest fro only on investments of \$5,0		nt, credited to the bank
	1onthly by the 5th	Quarterly by th	e 5th	
*If not selected, request will be pro	ocessed as soon as possibl	е.		
3. ELECTRONIC FUNDS TRAN	NSFER AUTHORIZATIO	ON		
I desire to have The Solomon F	oundation process any	request for electronic tran	sfers indicated on this	Distribution Request to:
My existing bank account or		-		·
	(Bank Name	?) (L	ast 3 digits)	
A new bank account as listed	d on the enclosed EFT A	Authorization Form:		_ ending in
			(Bank Name)	(Last 3 digits)
4. ACKNOWLEDGMENT*				
Print Name		Print Name		
Signature		Signature		
Date		Date		

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