

DEPOSIT FUND APPLICATION - INDIVIDUAL

SEND TO:

THE CANADIAN CONFERENCE OF THE
MENNONITE BROTHERS CHURCH OF NORTH AMERICA
1310 Taylor Avenue, Winnipeg MB R3M 3Z6
Tel: (204) 669-6575 Fax: (204) 654-1865 Toll-free: 1-888-669-6575
Email: stewardship@mbconf.ca Web Site: www.mbconf.ca/stewardship

OFFICE USE ONLY
Deposit Account
Number _____

BY:

Name(s): _____ SIN No. _____

and/or _____ SIN No. _____

Account to be held jointly with right of survivorship.

Address: _____

Res. Phone: _____ Bus. Phone: _____ Email: _____

Home Church: _____

I/We hereby apply for a Deposit Fund Account with you.

1. Amount of initial deposit: \$ _____
2. Interest on this account will be compounded semi-annually and added to the account.
3. Special Instructions:

4. Interest rates will be set by you semi-annually.
5. I/We understand that the Deposit Fund is invested in:
 - ◆ Loans to Mennonite Brethren conferences, churches, institutions, pastors and conference workers,
 - ◆ Bank and government related securities and accounts,
 - ◆ High quality corporate bonds
 - ◆ Real estate holdings.
6. Withdrawals may be made at any time without interest penalty.
7. I/We authorize commingling of my/our deposits and interest, with other investment assets held by you.

Signature _____ Date _____

Signature _____ Date _____