

Christian Financial Resources, Inc.

Interest Distribution Form



1. OWNER INFORMATION

NAME: _____

SOCIAL SECURITY NUMBER: _____

ACCOUNT NUMBER: (LEAVE BLANK IN UNKNOWN) _____

2. CO-OWNER INFORMATION (IF APPLICABLE)

NAME: _____

SOCIAL SECURITY NUMBER: _____

3. DISTRIBUTION OF INTEREST (PLEASE CHOOSE ONE)

PAY TO ME BY CHECK: MONTHLY QUARTERLY ANNUALLY

PAY TO ME BY EFT *(ELECTRONIC FUND TRANSFER): MONTHLY QUARTERLY ANNUALLY

*(EFT ONLY) PLEASE ATTACH A COMPLETED BANK AUTHORIZATION FORM AND A VOIDED CHECK

4. ACKNOWLEDGEMENT

Printed Name: _____

Signature: _____

Printed Name: _____

Signature: _____

Christian Financial Resources

773 Stirling Center Place
Lake Mary, FL 32746

Mailing:
P.O. Box 951719
Lake Mary, FL 32795-1719

www.cfrministry.org
800-881-3863

Print, Sign & Mail This Interest Distribution Form to:

CHRISTIAN FINANCIAL RESOURCES, INC.
P.O. BOX 951719
LAKE MARY, FL 32795-1719
800.881.3863