



**THE CATHOLIC
FOUNDATION**
For the People of the Diocese of Rockford

Contact Information

555 Colman Center Dr.
Rockford, IL 61125

Phone: (815) 399-4300
Fax: (815) 399-5657

www.Foundationrockford.org

APPLICATION FOR PARTICIPATION CATHOLIC FOUNDATION FOR THE PEOPLE OF THE DIOCESE OF ROCKFORD

Name of Parish/Diocesan Agency: _____

Name of Pastor/Director: _____

Address: _____

Phone: _____

NAME OF THE NEW ACCOUNT FOR THE CATHOLIC FOUNDATION:

STATEMENT OF NEW ACCOUNT'S PURPOSE AND DISTRIBUTION POLICY (Attach separate sheet if necessary):

FUND SELECTION:

Determine which fund in which you would like to invest. Check one of the following and indicate the initial deposit amount (If you are investing more than \$50,000 you can split your investment into more than one fund).

_____ **Growth Fund** \$_____ Initial Deposit
*All stock portfolio
*Long-term growth potential
*Not intended for normal operating expenses
*Willing to accept risk and volatility of stock market

_____ **Fixed Income Fund** \$_____ Initial Deposit
*All bond portfolio
*Relatively stable source of current income
*Higher rates than CDs, Money Market Funds or T Bills
*Less willing to accept market risk

_____ **Balanced Fund** \$_____ Initial Deposit
*70% of the Growth Fund; 30% of Income Fund
*Stock market growth potential blended with lower risk and volatility of the bonds
*Current income with growth potential

SIGNATURES: (Two required)

Pastor/Supervisor

Date

Representative of Financial Leadership

Date