# EXHIBIT F <u>TRANSFER BETWEEN ST. JOSEPH INVESTMENT FUND ACCOUNTS</u> <u>AUTHORIZATION FORM</u>

# ST. JOSEPH INVESTMENT FUND, INC.

#### This form should be used to transfer funds between S.J.I.F. accounts.

Transfers between accounts in the Short-Term Fund can be made daily. Transfers between accounts in the Short -Term and Long-Term Funds can only be made quarterly (December 1, March 1, June 1, and September 1 - each a "Valuation Date").

NOTE: Long-Term fund requests are due 15 days prior to fiscal quarter end.

### **Transfer Instructions**

#### PLEASE TRANSFER THE FOLLOWING INVESTMENT AMOUNT:

\*If you wish to transfer the full amount you have invested in one of the Funds, please write "All" in the above.

# **Certification & Signatures**

This Transfer Form supersedes and replaces any previous Transfer Forms. Investor acknowledges and agrees that this Transfer Form will remain in effect until it changes its elections by executing and delivering a new Transfer Form. Investor understands that this Transfer Form will be effective as of the Valuation Date(s) requested above, provided this form has been completed properly and is received by St. Joseph Investment Fund, Inc. at least three business days before the Valuation Date(s) requested. The undersigned(s) has been duly authorized by the Investor to execute this Transfer Form and to transfer these investments in the Funds in the amounts and at the times indicated in this Form.

# TO BE COMPLETED AND EXECUTED BY THE PASTOR OR ONE OR MORE AUTHORIZED SIGNATORIES OF THE INVESTOR:

Date	Date	
Signature	Signature	
Print Name	Print Name	
Title	Title	
Taxpayer I.D. Number		
If any questions, please provide your organization's infor	mation as follows:	
Contact Name:		
Phone Number:		
E-Mail Address (optional):		
This form may be faxed to (716) 847-5557.		
(FOR INTERNAL USE ONLY)		
Date Form Received		
Reviewed and Accepted by	Date Accepted	