

Keystone Conference Loan Fund

CONFIRMATION OF INTENT

Director

T. Christopher Hill director.KCLF@keystonefmc.org

Name (s) _____

Manager/Bookkeeper

Jeri Brown

Treasurer

Dave Michel

Financial Secretary

Jean Cochran

Keystone Finance Team

T. Christopher Hill Supt. Steven Macaluso Dave Michel Gail Miller Chuck Stutzman

KCLF Office

202 Wilson Avenue Oil City, PA 16301 (814) 676-6611 (814) 678-3465 FAX KCLF@keystonefmc.org

Address	
City	State Zip
Acc	ount #
Plea	se check the appropriate box:
G	I/We desire to rollover the principle funds and accrued interest in our account listed above when it matures. Please place it in the following:
	2 year note 3 year note 5 year note Flexi Demand Note
G	I/We desire to rollover the principle funds only in our account listed above when it matures. Please remit the interest to me at that time.
	2 year note 3 year note 5 year note Flexi Demand Note
G	I/W desire to withdraw \$ when our account listed above matures. Please invest the remainder in the following:
	2 year note 3 year note 5 year note Flexi Demand Note
G	I/We desire to redeem the entire amount of our account listed above when it matures including the principle funds and the interest thereby closing my account.
cond	ase note requests for withdrawals and terminations are subject to the terms and ditions of investments in the KCLF. See your Purchase Application and eement and the KCLF most recent Offering Circular.
acco	l, email or fax this request to the contact information on this document. If the ount is a join account only one signature is required and the adrawal/termination check will be made payable to either joint owner.
Sign	nature Date