

**DEPOSIT SLIP:** Please complete the following fields and remit slip with any check being sent for deposit to:

**Community Fund Management Foundation**

**ATTN: Deposits**

**14955 West Sprague Road, Suite 290**

**Strongsville, Ohio 44136-1799**

<b>CFMF OR EQUITY AGREEMENT #:</b>	
<b>BENEFICIARY'S NAME:</b>	
<b>CHECK NUMBER:</b>	
<b>CHECK DATE:</b>	
<b>CHECK AMOUNT:</b>	
<b>DEPOSIT TYPE:</b> (Please check one)	<input type="radio"/> RETURN OF UNUSED DISTRIBUTION FUNDS <input type="radio"/> DEPOSIT <input type="radio"/> OTHER (STRUCTURED SETTLEMENT/ANNUITY/ETC.)
<b>WOULD YOU LIKE A RECEIPT? IF SO, PLEASE PROVIDE NAME AND ADDRESS:</b>	_____ _____ _____

**\*REMINDER: ASSETS OWNED BY A BENEFICIARY CANNOT BE DEPOSITED INTO A MASTER TRUST\***

**FOR OFFICE USE ONLY**

<b>DATE CHECK RECEIVED:</b>	
<b>DATE OF DEPOSIT:</b>	

\_\_\_\_\_  
**SIGNATURE OF AUTHORIZED CFMF EMPLOYEE/ PRINTED NAME/ DATE**

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