

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

Community Fund Management Foundation

ATTN: Deposits

17900 Jefferson Park, Suite 102

Middleburg Heights, Ohio 44130

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

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

FOR OFFICE USE ONLY

DATE CHECK RECEIVED:	
DATE OF DEPOSIT:	

SIGNATURE OF AUTHORIZED CFMF EMPLOYEE/ PRINTED NAME/ DATE

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