

# Client Information Form

To Update or Add Information

Questions or Need Assistance?

Call (877) 322-1001 or email info@bfcalf.org



THE BAPTIST  
**Foundation**  
OF CALIFORNIA™

## 1. Client Information

Adding New Client

Updating Current Client Information

Name

Additional Owner/Authorized Individual Name

**Legal/Residential Address** *This is your legal address used for tax reporting and may not be a PO Box*

**Mailing Address** *This is where you would like statements and other correspondence to be sent. This address may be a PO Box*

**Same as Legal/Residential Address**

Address

Address

Address Line 2

Address Line 2

City, State, Zip

City, State, Zip

**Phone Number:**

**Email Address:**

( ) -  
Daytime Phone Number

Email Address

( ) -  
Alternate Phone Number

Alternative Email Address

## 2. Signature(s)

By signing below, you certify that all information provided is correct to the best of your knowledge.

Signature

Signature

Name of Authorized Signer (please print)

Name of Authorized Signer (please print)

Date

Date

**Deliver Form to:**

**Email:** info@bfcalf.org (preferred)

**Mail:** The Baptist Foundation of California, 3210 E. Guasti Road, Ste 640, Ontario, CA 91761

**For Foundation Use Only**

**Related Account(s):**

**Related Individual(s):**

**Relationship Type:**

Trustor

Grantor

Beneficiary

Tax Professional/Financial Advisor

Other: \_\_\_\_\_