

Date (MM/DD/YYYY): _____

BEN Financials General Ledger New FUND Request Form

Fund # _____
Legacy # _____

Use this form to request a new Fund Value. Complete all requested information. Return completed forms to Investment Services at 427 FB/6205. You will be notified by e-mail of the Fund value and the legacy account number, if requested. Please direct any questions regarding the completion of this form or the status of the request to Investment Services, x8-9644.

FUND INFORMATION *(Please print or type)*

FUND Name: _____

Purpose of fund. *Include a brief description of the fund – the purpose, sources of resources, expense categories expected, restrictions. Examples of purpose include financial aid, academic program, research, student activities, etc. **Documentation supporting a donor's intent is required to establish a permanently restricted endowment fund. In the absence of documentation, and unrestricted endowment fund (Fund functioning as endowment) will be established. Funds will not be established without supporting documentation.***

Responsible ORG: _____

The responsible ORG is the organizational unit that has fiduciary responsibility for all the activity within the fund. The organizational unit that has been designated the "Responsible ORG" for the fund is authorized to see all combinations used with that Fund, regardless of the ORG value.

LEGACY ACCOUNT INFORMATION

If you need a legacy account number, please complete as follows: *If this fund will have activity which originates in a non-BEN Financials system, such as the Bursar system or Business Services (i.e. Mail Services), indicate the ORG, PROGRAM and CENTER REFERENCE values to which the activity should be applied.*

ORG: _____ PROGRAM: _____ C-REF (and/or attribute for SFS): _____

If you do not need a legacy account number, check here:

REQUESTOR INFORMATION

Requestor (**Print** Name): _____ (Signature): _____

School/Center #: _____ Department: _____

E-mail address: _____ Telephone #: _____

Development Officer to notify (if any): Name: _____ E-mail address: _____

APPROVALS

School/Center Senior Business Administrator:
(**Print** Name): _____ (Signature): _____

DISTRIBUTIONS *(For School/Center use as required)*

FOR INVESTMENT SERVICES USE ONLY

Date Completed (MM/DD/YYYY): _____
Initials: _____

Date Received (stamp): _____