## DATA REQUIRED FOR INVESTMENT OF FUNDS

CAUSE NUMBER:			
NAME INDED WITCH EIT	NIDO ADE TO DE INF	(Archer)	TELEPHONE
NAME UNDER WHICH FUNDS ARE TO BE INVESTED			TELEPHONE
ADDRESS	CITY	STATE	ZIP
SOCIAL SECURITY NO.	· · · · · · ·	DATE OF BIRTH (If Minor)	
TAX ID NUMBER (if applicabl			
NAME OF ATTORNEY			TELEPHONE
ADDRESS	CITY	STATE	ZIP
ATTORNEY AD LITEM			TELEPHONE
ADDRESS	CITY	STATE	ZIP
PERSON TO WHOM IRS 10	099 FORM IS TO BE	MAILED	
ADDRESS	CITY	STATE	ZIP
****GU	JARDIAN INFORMA	TION (if applicable)****	
Name:			
Address:(If different fro			<del> </del>
Telephone Number: _	(If different from minor)		

- Funds will not be invested without the above information.
- Funds may only be withdrawn upon submission of a recently signed court order.
- Upon withdrawal of funds from investment account, an administrative fee equal to 10% of interest earned will be assessed. (Sec. 117.055 Local Government Code)