

**Office Use Only:** Account Number: \_\_\_\_\_ Name of Account: \_\_\_\_\_

**Investor:** \_\_\_\_\_  
 (Church, Agency, or Institution Name)

\_\_\_\_\_  
 (Street address) (Mailing Address, if different)

\_\_\_\_\_  
 (City/Town) (State) (ZIP)

**Primary Contact** authorized to receive account statements and correspondence regarding the account:

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Title: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_

**NOTE: All checks will be mailed to the main administrative office of the Investor.**

Statement Frequency:  Monthly  Quarterly  Semi-annually  Annually

<b>Investment Fund:</b> Please choose option 1 or any combination of option 2.  (Show amount in percentage % of assets to be invested)	<input type="checkbox"/> Option 1	100% Balanced Fund (Long-term Growth Fund)			
	<input type="checkbox"/> Option 2	_____% Balanced Fund	_____% Equity Fund	_____% Fixed-Income Fund	_____% Short-Term Income Fund

(Investment fund descriptions can be found at [www.kansasmethodistfoundation.org/investments](http://www.kansasmethodistfoundation.org/investments).)

**Funds for all accounts will be available on the request of two authorized signers. Withdrawal forms can be found at [www.kansasmethodistfoundation.org/investments](http://www.kansasmethodistfoundation.org/investments). Funds can also be distributed automatically.**

Would you like to receive *automatic distributions* from the account?  Yes  No

If taking **Automatic** distributions, then please indicate frequency and type of distributions:

Quarterly  Semi-annually  Annually

Automatic distributions will consist of: (Choose one)

KMF distribution rate. (Percentage of account value based on a three year trailing average. Contact KMF for more information.)

Net Income (i.e. dividends and interest minus fees accrued to date of distribution)

Each distribution will be \$ \_\_\_\_\_ (a fixed amount)

**RESTRICTIONS ON DISBURSEMENTS** Please indicate **ALL** applicable restrictions that apply to this account:

Principal of \$ \_\_\_\_\_ not to be invaded  Only net income may be distributed

Account cannot go below \$ \_\_\_\_\_  **Other Notes or Restrictions Regarding Account:** \_\_\_\_\_

By signing, I understand that this update supersedes previous account agreements on file with the Foundation.

**Signature:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_



OFFICER AUTHORIZATION SIGNATURE FORM

Office Use Only: Account Number: Name of Account:

Date: Investor:

Choose ONE of the following:

- The following persons are authorized for this account only. This is an update for all our existing accounts.

Please list those Trustees or Officers authorized by the Investor to request withdrawals from or prescribe other changes to the account. At least two persons must be listed. Include home address and original signatures (blue ink - preferred).

1. Signature: Print Name: Title: Address: Phone: Email:
4. Signature: Print Name: Title: Address: Phone: Email:
2. Signature: Print Name: Title: Address: Phone: Email:
5. Signature: Print Name: Title: Address: Phone: Email:
3. Signature: Print Name: Title: Address: Phone: Email:
6. Signature: Print Name: Title: Address: Phone: Email:

Please send the completed Account Update Form and the Officer Authorization Signature Form to KMF: Kansas Methodist Foundation • P.O. Box 605 • Hutchinson, KS 67504-0605