

Current:			( = )					
	Fund Number	Nam	e of Fund					
Investor:								
	Church, Agency, o	or Institution Na	ame					
	Contact Name/ Co	ommittee						
	Street Address		(Mailing address, if different)					
	City/Town		State		ZIP	Phone		
NOTE: All checks will be mailed to the main administrative office of the Investor.								
Statement Frequency: Monthly Quarterly Annual								
Investment Strategy Allocation: (State amount (State amount)				uity & 35% fixed incom	ie)			
in percentag % of assets be invested	to d.	% Equi	t <b>y Fund</b> (globally	-diverse)	% U\$	S Equity Index Fund		
Sum Tota must equa 100%.)		% Fi	xed Income Fur	ıd	_% Short Te	erm Income Fund		
	(review Fund Invest	ment Agreement o	or visit <u>www.kansasm</u>	ethodistfoundati	on.org for fund ir	vestment descriptions)		
	found at kansasm	ethodistfound		drawals can	also be dist	ers. Withdrawal forms ributed automatically. Yes 🗌 No		
If taking Au	Itomatic distribution							
Automatic distributions will consist of:			Annual distribution of the KMF distribution rate. (Percentage of fund value based on three-year trailing average. Contact KMF for more information.)					
(Please choose one)		fees for cale	<ul> <li>Annual distribution of Net Income (i.e. dividends and interest minus fees for calendar year.)</li> <li>Fixed distribution amount will be \$</li> <li>Monthly Quarterly Semiannual Annual</li> </ul>					
RESTRICT					•			
DISBURSE	<u>EMENTS</u>		Please indic	ate ALL app	licable restric	tions that apply to this f	und:	
Principal of \$ not to be invaded		Only Net Inc	] Only Net Income may be distributed					
Fund cannot go below		Other Notes	Other Notes or Restrictions Regarding Fund:					
\$_		_						
By signing, I	understand that th	is update supe	rsedes previous	account agre	ements on fil	e with the Foundation.		

Signature:	Signature:	
Print Name:	Print Name:	Date:



## OFFICER AUTHORIZATION SIGNATURE FORM

Cur	rent:	lavestar				
	Date	Investor				
Cho	ose ONE of the follow	<u>ring:</u>				
П	The following persons are authorized for this fund only.			The following persons are authorized for all funds		
auth be lis	orized on behalf of the sted. Include home ac	Is authorized by the Investor as Fu e Investor to request withdrawals o Idress and original signatures (blu an be found at https://kmf.fcsuite.c	or dir e ink	ect changes to the - preferred), unle	ess using digital signature.	
1.	Signature:		4.	Signature:		
1.	Print Name:			Print Name:		
	Role:			Role:		
	Address:			Address:		
	Phone:			Phone:		
	Email:			Email:		
2.	Signature:		5.	Signature:		
	Print Name:			Print Name:		
	Role:			Role:		
	Address:			Address:		
	_					
	Phone:	······		Phone:		
	Email:			Email:		
3.	Signature:		6.	Signature:		
	Print Name:			Print Name:		
	Role:			Role:		
	Address:			Address:		
	_				<u> </u>	
	Phone:			Phone:	<u> </u>	
	Email:			Email:		

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