



**\*\*UPDATE\*\***  
**(FOR EXISTING FUNDS ONLY)**  
**FUND INVESTMENT**

**Current:** \_\_\_\_\_  
Fund Number                      Name of Fund

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

\_\_\_\_\_  
Contact Name/ Committee

\_\_\_\_\_  
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

<b>Investment Strategy Allocation:</b> <i>(State amount in percentage % of assets to be invested. Sum Total must equal 100%.)</i>	<p style="text-align: center;">_____ % <b>Balanced Fund</b> (single, global fund option - 65% equity &amp; 35% fixed income)</p> <p style="text-align: center;">_____ % <b>Equity Fund</b> (globally-diverse)                      _____ % <b>US Equity Index Fund</b></p> <p style="text-align: center;">_____ % <b>Fixed Income Fund</b>                      _____ % <b>Short Term Income Fund</b></p>
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(review Fund Investment Agreement or visit [www.kansasmethodistfoundation.org](http://www.kansasmethodistfoundation.org) for fund investment descriptions)

**Withdrawals for all funds will be available on the request of two authorized signers. Withdrawal forms can be found at [kansasmethodistfoundation.org](http://kansasmethodistfoundation.org). Withdrawals can also be distributed automatically.**  
Would you like to receive *automatic distributions* from the fund?  Yes  No

If taking **Automatic** distributions, then please indicate the **type** of distribution:

Automatic distributions will consist of: \_\_\_\_\_  
(Please choose one)

- Annual distribution of the KMF distribution rate. (Percentage of fund value based on three-year trailing average. Contact KMF for more information.)
- Annual distribution of Net Income (i.e. dividends and interest minus fees for calendar year.)
- Fixed distribution amount will be \$ \_\_\_\_\_
  - Monthly
  - Quarterly
  - Semiannual
  - Annual

<b><u>RESTRICTIONS ON DISBURSEMENTS</u></b>  <input type="checkbox"/> Principal of \$ _____ not to be invaded  <input type="checkbox"/> Fund cannot go below \$ _____	<p><u>Please indicate <b>ALL</b> applicable restrictions that apply to this fund:</u></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Only Net Income may be distributed</li> <li><input type="checkbox"/> <b>Other Notes or Restrictions Regarding Fund:</b> _____ _____</li> </ul>
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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

Current: \_\_\_\_\_
Date Investor

Choose ONE of the following:

- The following persons are authorized for this fund only. The following persons are authorized for all funds.

Please list those individuals authorized by the Investor as Fund Advisors to receive statements, have online access, authorized on behalf of the Investor to request withdrawals or direct changes to the fund. At least two persons must be listed. Include home address and original signatures (blue ink - preferred), unless using digital signature.

Your fund advisor portal can be found at https://kmf.fcsuite.com/erp/fundmanager. Your email address is your login.

1. Signature: \_\_\_\_\_ 4. Signature: \_\_\_\_\_
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: \_\_\_\_\_
Phone: \_\_\_\_\_ Phone: \_\_\_\_\_
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