KANSAS METHODIST FOUNDATION

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

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

Investment Strategy Allocation: *(State amount in percentage % of assets to be invested. Sum Total must equal 100%.)*	_____% **Balanced Fund** (single, global fund option - 65% equity & 35% fixed income) _____% **Equity Fund** (globally-diverse) _____% **US Equity Index Fund** _____% **Fixed Income Fund** _____% **Short Term Income Fund**

(review Fund Investment Agreement or visit www.kansasmethodistfoundation.org for fund investment descriptions)

Withdrawals for all funds are available upon request. Withdrawal forms can be found at kansasmethodistfoundation.org or can be made online through the Fund Advisor Portal. 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

RESTRICTIONS ON DISBURSEMENTS

Please indicate **ALL** applicable restrictions that apply to this fund:

☐ Principal of $_____ not to be invested

☐ Fund cannot go below
$_____

☐ Only Net Income may be distributed

☐ **Other Notes or Restrictions Regarding Fund:**
_____
_____

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

Signature: _____ **Signature:** _____

Print Name: _____ **Print Name:** _____ Date: _____

KANSAS METHODIST FOUNDATION

FUND ADVISOR 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 Trustees or Officers (Fund Advisors) authorized by the Investor to receive statements, have online access, can request withdrawals or direct changes to the fund. At least **two** persons must be listed.

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

1. **Signature:** _____
Print Name: _____
Role: _____
Address: _____
_____
Phone: _____
Email: _____

2. **Signature:** _____
Print Name: _____
Role: _____
Address: _____
_____
Phone: _____
Email: _____

3. **Signature:** _____
Print Name: _____
Role: _____
Address: _____
_____
Phone: _____
Email: _____

4. **Signature:** _____
Print Name: _____
Role: _____
Address: _____
_____
Phone: _____
Email: _____

5. **Signature:** _____
Print Name: _____
Role: _____
Address: _____
_____
Phone: _____
Email: _____

6. **Signature:** _____
Print Name: _____
Role: _____
Address: _____
_____
Phone: _____
Email: _____

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