



**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>	_____ % <b>Balanced Fund</b> (single, global fund option - 65% equity & 35% fixed income)
	_____ % <b>Equity Fund</b> (globally-diverse)          _____ % <b>US Equity Index Fund</b>
	_____ % <b>Fixed Income Fund</b> _____ % <b>Short Term Income Fund</b>

(review Fund Investment Agreement or visit [www.kansasmethodistfoundation.org](http://www.kansasmethodistfoundation.org) for fund investment descriptions)

Withdrawals for all funds are available upon request. Withdrawal forms can be found at [kansasmethodistfoundation.org](http://kansasmethodistfoundation.org) or can be made online through [t](http://t)

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)	<input type="checkbox"/> Annual distribution of the KMF distribution rate. (Percentage of fund value based on three-year trailing average. Contact KMF for more information.) <input type="checkbox"/> Annual distribution of Net Income (i.e. dividends and interest minus fees for calendar year.) <input type="checkbox"/> Fixed distribution amount will be \$ _____ <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semiannual <input type="checkbox"/> Annual
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**RESTRICTIONS ON DISBURSEMENTS**

Please indicate ALL applicable restrictions that apply to this fund:

Principal of \$ \_\_\_\_\_ not to be invaded

Only Net Income may be distributed

Fund cannot go below  
 \$ \_\_\_\_\_

**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:** \_\_\_\_\_



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: \_\_\_\_\_ 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 Fund Advisor Authorization Signature Form to KMF: Kansas Methodist Foundation • P.O. Box 605 • Hutchinson, KS 67504-0605