

UDPATE (FOR EXISTING ACCOUNTS ONLY) ACCOUNT INVESTMENT

Office Use	Only:	Account Number:	Name of Account:					
Investor:	(0)							
	(Church, Agency, or Institution Name)							
	(Street address)		(Mailing Address, if different)					
	(City/Tov	vn)	(State) (ZIP)					
Primary Co	` •	,	ount statements and correspondence regarding the account:					
Name:			Telephone:					
Title:			E-mail:					
Mailing Add	dress:							
NOTE: All	checks	will be mailed to the	main administrative office of the Investor.					
Statement	Frequen	cy: Monthly	Quarterly Semi-annually Annually					
Investm Fund Allocati (State amo	on:	% Balaı	nced Fund (single, global fund option - 65% equity & 35% fixed income)					
percentage assets to invested. Total must	e % of be Sum	% E	quity Fund (globally-diverse)% US Equity Index Fund					
100%.	•	9	% Fixed Income Fund% Short Term Income Fund					
		(Investment fund description	ons can be found at www.kansasmethodistfoundation.org/investments.)					
			ble on the request of two authorized signers. Withdrawal forms can be ndation.org/investments. Funds can also be distributed automatically.					
104114			e <u>automatic distributions</u> from the account? Yes No					
If taking Au	ıtomatic	distributions, then plea	ase 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)					
		Γ	Each distribution will be \$ (a fixed amount)					
RESTRICTION	ONS ON	DISBURSEMENTS	Please indicate ALL applicable restrictions that apply to this account:					
		not to	Only net income may be distributed					
be invaded Account cannot go below \$			Other Notes or Restrictions Regarding Account:					
	underst	and that this update su	persedes previous account agreements on file with the Foundation.					
Signature:			Title:					
Print Name:	:		Date:					



OFFICER AUTHORIZATION SIGNATURE FORM

Of	fice Use Only:	Account Number:	N	Name of Account:	
Da	te:	lny	vestor:		
Cho	ose ONE of the	following:			
	The following per	sons are authorized for th	nis account only.	☐ This is an update for all our existing accounts.	
				r to request withdrawals from or prescribe other changes t ne address and original signatures (blue ink – preferred).	to
1.	Signature:		4.	Signature:	
	Print Name:			Print Name:	
	Title:			Title:	
	Address:			Address:	
	Phone:		 	Phone:	
	Email:			Email:	
	Liliali.			Liliali.	
2.	Signature:		5.	Signature:	
	Print Name:			Print Name:	
	Title:			Title:	
	Address:			Address:	
	Phone:			Phone:	
	Email:			Email:	
					
3.	Signature:		6.	Signature:	
	Print Name:		·	Print Name:	
	Title:			Title:	
	Address:			Address:	
	Phone:			Phone:	
	Email:		· · · · · · · · · · · · · · · · · · ·	Email:	
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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