

**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)

**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](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

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

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

**Print Name:** \_\_\_\_\_

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

**Current:**

Fund Number

Name of Fund

Date

Investor

Choose **ONE** of the following:

- ☐ The following persons are authorized for this account only.
 ☐ This is an update for all our existing accounts.

Please list those Trustees or Officers authorized by the Investor to request withdrawals from or prescribe other changes to the account. At **least** two persons must be listed. Include **home** address and **original** signatures (blue ink – preferred).

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