

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

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

<p>Automatic distributions will consist of: (Please choose one)</p>	<p><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.)</p> <p><input type="checkbox"/> Annual distribution of Net Income (i.e. dividends and interest minus fees for calendar year.)</p> <p><input type="checkbox"/> Fixed distribution amount will be \$ _____ <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semiannual <input type="checkbox"/> Annual</p>
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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: _____

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*