

**INFORMATION SHEET FOR PARTICIPATION
IN THE INVESTMENT FUND
OF THE
WISCONSIN UNITED METHODIST FOUNDATION, INC**

To the Wisconsin United Methodist Foundation, Inc.:

Our organization is interested in participating in the Wisconsin United Methodist Foundation, Inc. Investment Fund and utilizing its Funds Investment Service for church organizations.

We list below the funds we propose transferring to the Foundation for our organization for administration, investment and reinvestment under a Trust Agreement in the form attached after the Foundation decides to accept this transfer.

We understand that any income earned on our participation in the Fund, less a proportionate share of actual operating expenses of the Fund, will be credited by the Foundation to our organization or designee not less frequently than monthly. As provided in the Trust Agreement, such income shall be paid or applied at such time or times as the Trustee shall determine, consistent with the uses and purposes described below.

We submit the following information in support of our request: (Please complete blanks below. If there is not enough space for answers, please attach supplemental information.)

Exact CORPORATE NAME of organization making application:

Federal Tax ID:

Date of Incorporation:

Registered ADDRESS of organization:

AMOUNT OF CASH and/or OTHER PROPERTIES to be transferred to the Foundation:

\$ _____ The Principal ☐ Can ☐ Cannot be distributed. (Please check one.)

The **MANNER in which organization acquired property listed above:** (If any was acquired by will or other instrument, please attach a copy if possible, or excerpts of provisions, or a statement that funds were given without restrictions.)

NAME of Fund: _____

State any RESTRICTIONS OR LIMITATIONS on the use of any of these funds.

PURPOSES for which disbursements from this trust will be used.

NAME AND ADDRESS of organization to which disbursements from this trust are to be remitted by the Foundation (if other than organization making this request).

INVESTMENT OPTIONS:

Please choose your Investment Option by placing an "X" next to the appropriate Option either 1 through 8 below. If no option is selected, your funds will automatically be invested in Option 3.

Option 1 ☐ 75% Equity Pooled Fund & 25% Fixed-Income Fund

Option 2 ☐ 60% Equity Pooled Fund & 40% Fixed-Income Fund

Option 3 ☐ 50% Equity Pooled Fund & 50% Fixed-Income Fund

Option 4 ☐ 40% Equity Pooled Fund & 60% Fixed-Income Fund

Option 5 ☐ 30% Equity Pooled Fund & 70% Fixed-Income Fund

Option 6 ☐ 20% Equity Pooled Fund & 80% Fixed-Income Fund

Option 7 ☐ 10% Equity Pooled Fund & 90% Fixed-Income Fund

Option 8 ☐ 0% Equity Pooled Fund & 100% Fixed-Income Fund

DISBURSEMENT OPTIONS Mark option #1, 2, 3 or 4 with an "X". (If choosing options #2, 3, or 4 complete the remaining information as well.)

Option #1) ☐ Automatically reinvest the earnings. We will withdrawal upon request.

Option #2) ☐ Pay earnings (Includes interest and dividends only. Does not include capital gains.)

☐ Monthly (not recommended for monthly earnings payments under \$100)

☐ Quarterly (3/31, 6/30, 9/30, 12/31)

☐ Semi-Annually (specify which 2 quarter-ends) _____ , _____

☐ Annually (specify which month-end) _____

Option #3) ☐ _____ % (Fill in the percentage you want to be disbursed). Payments to be made in:

☐ 12 Month-end Installments (not recommended for monthly payments under \$100)

☐ 4 Quarterly Installments (3/31, 6/30, 9/30 and 12/31)

☐ 2 Semi-Annual Installments (specify which 2 quarter-ends) _____ , _____

☐ 1 Annual Payment (specify which month-end) _____

(Note: For accounts opened mid-year, your Investment Fund Account will be valued one month prior to your first scheduled payment, unless you tell us otherwise.)

Option #4) ☐ Pay a specific dollar amount \$ _____

☐ Monthly (not recommended for monthly earnings payments under \$100)

☐ Quarterly (3/31, 6/30, 9/30 and 12/31)

☐ Semi-Annually (specify which 2 quarter-ends) _____ , _____

☐ Annually (specify which month-end) _____

For all disbursements from your account, please check (X) one of the following two options:

☐ Send payment checks to the church address.

☐ Automatically deposit payments to the church's financial institution account.

(Please complete ACH Authorization Agreement Form on the next page.)

Authorized by action of the _____ of _____
(Name of Governing Board) (Name of Organization)

By: _____

Date: _____

Title _____

An authorized official of the organization

(Signature)

Printed Name: _____

Please return the completed form to:

Wisconsin United Methodist Foundation
750 Windsor Street Suite 305
Sun Prairie, WI 53590
888/903-9863 or 608/837-9582

Account Number Assigned by the Foundation _____

Automatic Deposits Authorization
Wisconsin United Methodist Foundation
AUTHORIZATION AGREEMENT
FOR AUTOMATIC DEPOSITS (ACH CREDITS)

I (we) hereby authorize the Wisconsin United Methodist Foundation to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our):

☐ Checking ☐ Savings (select one)

indicated below and the financial institution (bank, credit union, savings and loan, etc.) named below, to credit the same such account.

NAME OF BANK / FINANCIAL INSTITUTION

ADDRESS

CITY

STATE

ZIP

BANK ROUTING/TRANSIT/ABA NUMBER

CUSTOMER BANK ACCOUNT NUMBER

This authority is to remain in full force and effect until the Wisconsin United Methodist Foundation has received written notification from me (or either of us) or my successor (in the case of an organization) of its termination in such time and in such manner as to afford the Wisconsin United Methodist Foundation and financial institution reasonable opportunity to act on it.

NAME OF THE ORGANIZATION (OR INDIVIDUAL) AUTHORIZING DIRECT DEPOSITS

Please list your accounts at the Foundation.
Please also note that once Direct Deposit is initiated, all future disbursements payable to your Organization will be achieved via Direct Deposit to the Bank Account listed above.

FOR ORGANIZATION, PRINT THE NAME OF THE AUTHORIZING INDIVIDUAL(S)

1st SIGNATURE

2nd SIGNATURE (If required.)

DATE

Please also enclose a voided check from the bank account listed above and mail to the Wisconsin United Methodist Foundation, 750 Windsor St. Suite 305, Sun Prairie, WI 53590

Online Statements / Wisconsin U. M. Foundation Investment Accounts

Please complete the form on the following page for all e-mail addresses at your institution that should receive monthly statements online. (The form below can accommodate up to 7 individual recipients.) We are using mother's maiden name as the security question, so this information should also be completed.

Please remember the following points:

- 1.) Your full e-mail address will be your User ID.
- 2.) The Foundation will e-mail a password to each recipient listed on this form. (You cannot access the online system until you receive your password via e-mail from the Foundation.)
- 3.) After you receive your password from the Foundation, and you login with that password, you may decide to change your password to something that you can more easily remember. (You have the ability to change your password after you have logged in using the initial password that was sent to you by the Foundation.)

Please either type, or print legibly on the form (on the next page) to view your account statements online.

Wisconsin United Methodist Foundation / Online Statements Request

Date: _____

Church/Institution _____

First Name	Last Name	E-mail Address	Phone Number	Mother's Maiden Name	List the Foundation Account #(s) to be accessed

Signature of Trustee, Committee Chair (or other authorized Officer)

Signer's Title

Print Signer's Name

Signer's Phone #

Church/Institution
Address:

Wisconsin United Methodist Foundation, Inc.
750 Windsor Street Suite 305
Sun Prairie WI 53590
Phone: 1-888-903-9863 or 608-837-9582
Fax: 608-837-2492
E-mail: phale@wumf.org

