



Number to be assigned by the foundation: _____

NAME OF FUND: _____

Initial deposit: \$ _____ Check number: _____ Other: _____

Invest this fund in: _____ % Fund 1 – Balanced Growth
 _____ % Fund 2 – Aggressive Growth
 _____ % Fund 3 – Long-term (open to investments July 31, 2021)
 _____ % TOTAL (must equal 100%)

Please select how you would like income and growth to be paid *(if left unchecked, interest will automatically be reinvested)*:

Income to be automatically reinvested Income to be paid by check

Select one: Use authorized signers currently on file *(please initial)*: _____

Until further notice, the following individuals are authorized to withdraw funds from the above account:

Number of signatures required for redemption/transfer instructions: _____
(Minimum of two signatures recommended. If left blank, the default is two signatures.)

1. _____ SIGNATURE

NAME *(please print)*

_____ PHONE/EMAIL

TITLE

2. _____ SIGNATURE

NAME *(please print)*

_____ PHONE/EMAIL

TITLE

3. _____ SIGNATURE

NAME *(please print)*

_____ PHONE/EMAIL

TITLE

4. _____ SIGNATURE

NAME *(please print)*

_____ PHONE/EMAIL

TITLE

5. _____ SIGNATURE

NAME *(please print)*

_____ PHONE/EMAIL

TITLE

Investor (church/agency/conference/organization authorized signer):

Signature: _____

Name: _____ Title: _____

Email: _____ Phone: _____

The Florida United Methodist Foundation, Inc.:

Signature: _____

Name: _____ Title: _____