



CHANGE OF AUTHORIZED CONTACT PERSONS
(AMENDED SCHEDULE A)

This certifies that at a duly called meeting of the Board of Trustees of _____ on _____, the two persons whose signatures and names appear below were authorized to conduct ordinary business with the United Methodist Frontier Foundation on all accounts

owned by _____ of _____.
Name of Church or Agency City, State

Certified by: _____ & _____
Signature of Chair of Trustees (for a church) Signature of Pastor

OR _____
Signature of Chairman of the Board (for an organization)

AUTHORIZED CONTACT PERSONS:

The following persons are authorized to give written instructions to the Foundation on behalf of the Church:

Primary Contact Person: _____ Daytime telephone: (____) _____
Print Name

Signature: _____ E-mail address: _____

Address for mailing checks & correspondence: _____

_____, _____, _____
City State Zip

Second Contact Person: _____ Daytime telephone: (____) _____
Print Name

Signature: _____ E-mail address: _____

Primary Contact Person's Responsibilities

- **Statements, checks, correspondence, etc. are sent *only* to the Primary Contact Person. IF YOU PREFER TO RECEIVE STATEMENTS & VIEW YOUR ACCOUNTS ON-LINE, PLEASE CONTACT MAUREEN PALUMBERI AT 914-615-2239.** This person has the responsibility to share the information received with all other responsible parties in the church or agency such as the Chairpersons of the Board of Trustees, the Administrative Board, and the Pastor. You are the person we will contact with any questions regarding your invested accounts.
- You communicate to the Foundation the wishes of the church regarding deposits, withdrawals, transfer of funds, investment direction and reallocations, and the like.

Second Contact Person's Responsibilities

- Withdrawals from accounts or the closeout of an account(s) require **two signatures**. As the Second Contact Person, your responsibility is to review requests for withdrawals and/or closeout of accounts, and to co-sign the same.

SCHEDULE B

TERMS FOR WITHDRAWAL OF TRUST PROPERTY:

1. The "Authorized Contact Persons" of Church are persons so authorized by the board of trustees or governing body of Church to open and close accounts, make deposits and withdrawals, and conduct the business of Church with the Foundation. **Withdrawals or the closing of an account will require the original signatures of both authorized persons (photocopied signatures are not acceptable).**
2. All checks issued by the Foundation shall be payable to Church and mailed in care of the primary contact person at the address specified in this Agreement.
3. For notices given on or before the last business day of the month, the withdrawal, reallocation or transfer with respect to the Stock Pool or the Fixed Income Pool will be completed by the 3rd business day of the month following the giving of the notice. For notices given after the last business day of the month, such steps shall be completed by the 3rd business day of the second month following the giving of such notice. Requests for withdrawal from the Money Market Pool will be processed upon receipt.
4. With regard to closeouts of accounts, when such notices are given on or before the last business day of the month, the closeout and finalization of the account(s) shall be completed by the 20th calendar day of the month following the giving of the notice. Requests to closeout accounts invested in the Money Market Pool will be processed upon receipt.

AFTER COMPLETION, PLEASE RETURN THIS FORM TO THE FOUNDATION

BY MAIL or E-MAIL

United Methodist Frontier Foundation
20 Soundview Ave, White Plains NY 10606 www.umff.org
Tel (914-615-2239 E-mail: mpalumberi@umff.org)