

For Office Use Only:

Acknowledgement _____

Initials _____ Transaction # _____

INVESTMENT DIRECTION FORM

This is a... Deposit
(Checks made payable to UMFF)

Withdrawal*
(Requires signatures of **both** Primary Contact
and Second Authorized Person for account closing)

Use one form per account number

Name of Church or Agency

_____, _____
City State

If this is a withdrawal request, how would you
prefer to receive funds:

ACH (we must have bank information on file)

CHECK

Name of Account

<i>Date</i>	<i>Amount</i>	<i>Account Number</i>

Enter \$ amount you wish to deposit to, or withdraw from, this account. **If closing account, write "CLOSEOUT".**
We require a separate form for each check being deposited. If one check is used for multiple deposits, please complete
a separate form for each account number. (Copy this form as needed.)

***Requests to redeem or purchase units in investment accounts must be received before the last business day
of the month for processing. Withdrawals from the Money Market Model may be made at any time. Please note
that the Foundation claims no responsibility for adherence to individual account restrictions. It is the sole duty of church
trustees to review and use income in accordance with any fund restrictions.**

The Foundation is always looking for ways to better serve our investment partners. With that thought in mind, would
you please share with us the reason for this withdrawal?

Primary Contact signature – REQUIRED

Print Name

(_____) _____
Daytime Telephone

Email address (for sending acknowledgement)

**Second authorized person signature
REQUIRED FOR CLOSEOUT**

Print name