

**MINNESOTA UNITED METHODIST FOUNDATION  
SCHEDULE A  
INFORMATION SHEET FOR PARTICIPATION  
IN THE INVESTMENT FUND**

To the Minnesota United Methodist Foundation, Inc.:

Our organization is interested in participating in the Minnesota United Methodist Foundation Investment Fund and utilizing its Funds Investment Service.

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).**

**ADDITIONAL COPIES of quarterly statement should be sent via U.S. mail to addresses following (maximum 2 additional copies). OR Monthly account statements may be viewed on-line upon completion of "Online Statement Request Form" on page 4.**

**INVESTMENT OPTIONS:**

The Minnesota United Methodist Foundation offers several asset allocation models for its church organization accounts. Please choose your Investment Option by placing an "X" next to the appropriate Option either 1 through 7 below. If no option is selected, your funds will automatically be invested in Option 4.

- |  |   |
|--|---|
| <input type="radio"/> <b>Current Income</b>      | 0% Equity Investments & 100% Fixed-Income Investments |
| <input type="radio"/> <b>Diversified Income</b>  | 21% Equity Investments & 79% Fixed-Income Investments |
| <input type="radio"/> <b>Moderate Income</b>     | 43% Equity Investments & 57% Fixed-Income Investments |
| <input type="radio"/> <b>MNUMF Balanced</b>      | 54% Equity Investments & 46% Fixed-Income Investments |
| <input type="radio"/> <b>Growth Balanced</b>     | 65% Equity Investments & 35% Fixed-Income Investments |
| <input type="radio"/> <b>Aggressive Balanced</b> | 85% Equity Investments & 15% Fixed-Income Investments |

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

**Option #1)**  Automatically reinvest the earnings. We will withdraw 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:

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

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

Two Semi-Annual Installments (specify which 2 quarter-ends) \_\_\_\_\_ , \_\_\_\_\_

One 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.)

\*If requesting Disbursement Option #2, #3 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 enclosed ACH Authorization Agreement form.)

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:

Minnesota United Methodist Foundation  
122 West Franklin Ave. Suite #508  
Minneapolis, MN 55404  
888-903-9863 or 612-230-3337

**Account Number Assigned by the Foundation** \_\_\_\_\_