

For Office Use Only:

Acknowledgement _____

Initials _____ Transaction # _____

INVESTMENT DIRECTION FORM FOR *EXISTING* ACCOUNTS

Use one form per account number

Is this a... **Deposit**

Checks must be made payable to UMFNE

Withdrawal**

(Requires signatures of Primary Contact and Second Authorized Person)

Name of Church or Agency

_____, _____
City ST

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

Name of Account

ACH *(we must have bank information on file)*

BY CHECK

<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 "CLOSE-OUT". We require a separate Deposit Form for each check being deposited. If one check is used for multiple deposits, please attach a separate Investment Direction Form for each account number. Please 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.

****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?**

1 _____
Primary contact person signature – REQUIRED

(Please print name)

(_____) _____
Daytime Telephone

Email Address for Sending Acknowledgements

2 _____
**Second authorized person signature
REQUIRED FOR WITHDRAWAL OR CLOSEOUT**

(Please print name)