

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

To the Minnesota United Methodist Foundation:

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 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)

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 be sent to (Maximum 2 additional copies):

INVESTMENT OPTIONS: The Minnesota United Methodist Foundation offers several asset allocation models for its church accounts. Please check one asset allocation model below to be used for this particular account:

<input type="checkbox"/> All Fixed	0% Equity Investments & 100% Fixed-Income Investments
<input type="checkbox"/> Current Income	10% Equity Investments & 90% Fixed-Income Investments
<input type="checkbox"/> Conservative Income	20% Equity Investments & 80% Fixed-Income Investments
<input type="checkbox"/> Moderate Income	30% Equity Investments & 70% Fixed-Income Investments
<input type="checkbox"/> Moderate Growth	40% Equity Investments & 60% Fixed-Income Investments
<input type="checkbox"/> MUMF Balanced	50% Equity Investments & 50% Fixed-Income Investments
<input type="checkbox"/> Moderate Aggressive	60% Equity Investments & 40% Fixed-Income Investments
<input type="checkbox"/> Aggressive	75% Equity Investments & 25% Fixed-Income Investments

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

Option #1) Automatically reinvest the earnings. We will withdraw upon request.

Option #2)* Pay earnings Monthly (Generally not recommended for monthly earnings payments under \$100.00)
 Quarterly
 Semi-Annually (which quarters _____, _____)
 Annually (which quarter _____)

Option #3)* _____% (Fill in the percentage you want to be disbursed). Payments to be made in:
 Twelve Month-end Installments (This option is generally not recommended for monthly payments under \$100.00.)
 Four Quarterly Installments (3/31, 6/30, 9/30 and 12/31)
 Two Semi-Annual Installments (which quarters _____, _____)
 One Annual Payment (which month _____)

(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 Option #2 or #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:

Title: _____ **Date:** _____
An authorized official of the organization

(Signature)

Please return the completed form to:
Minnesota United Methodist Foundation
122 West Franklin Ave. Suite #508
Minneapolis, MN 55404

Printed Name: _____

Account Number Assigned by the Foundation **MN** _____