



New Investment Account
Application, Agreement and Directive



Fill in ALL blanks or write "N/A" if not applicable.

Name of Account: _____

Date: _____

Church/Agency: _____

Mailing Address: _____

Phone: _____

Primary email of Church/Agency: _____

Established Date and Amount:

The enclosed check # _____ payable to **Rocky Mountain United Methodist Foundation, Inc.** (Foundation) in the amount of \$ _____ and dated _____, 20__ represents funds to be invested in this account.

Account in Memory or in Honor of: *If applicable* _____

Who is the assigned authority for this account?

i.e., Church Endowment Committee, Trustees, Finance, or Other, or the church may request the Rocky Mountain United Methodist Foundation ensures the deposits are conserved, invested and distributed in accordance with the church's or organization's charter or rules.

Purpose of Fund and restrictions: _____ **Endowment or Legacy Fund;** _____ **Building Fund;** _____ **Reserve;**
_____ **Scholarship Fund;** _____ **Other (describe)** _____

Please provide as much detail as possible. If you need more room, attach a separate page. Include Endowment Charter Documents, Trust, Donor Letters, Bequest Language, meeting minutes, or any other supporting documents.

Spending Policy: Choose one

- _____ Principal Preservation:
 - _____ Interest/Dividends only
 - _____ Percentage of fund _____%
 - _____ Based on a 3-year average market value as determined on _____(dd/mm)
 - _____ If total return is less than specified percent, use the lesser (*provision for down market*).
 - _____ Specific dollar amount that may vary
 - Determined by _____ (committee name and/or job title)

New Investment Account

Application, Agreement and Directive (continued)

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Investment Strategy *Stocks, Bonds, Cash, Balanced Approach*

NOTE: All Foundation investments are in alignment with the Social Principles of the United Methodist Church.

_____ % **Short Term Cash Fund**

If Short Term Fund, we anticipate withdrawing funds on _____(date) or _____(number of years)

_____ % **Balanced Fund** (65% equities and 35% fixed-income securities) We understand that this is a long-term (3-5 years) investment and it is not our intent to withdraw funds on a short-term basis.

_____ % **Equity Growth Fund** (70% US Equity and 30% International Equity securities) We understand that this is a long-term (3-5 years) investment and it is not our intent to withdraw funds on a short-term basis

_____ % **Fixed Income Fund** (70% Fixed Income and 30% Inflation Protection securities) We understand that this is a long-term (2-4 years) investment and it is not our intent to withdraw funds on a short-term basis

Portfolio Model? Yes / No (circle one): Maintain the ratios by rebalancing on a monthly basis. (You may change the investment strategy OR rebalance on a different schedule OR manually by written request to the Foundation.

Earned Income (Yield as defined in the Investment Opportunity Booklet): We direct that until further notice earned income be distributed as follows:

_____ Reinvest the Earnings

_____ Pay earnings

_____ Annually

_____ Quarterly

_____ Monthly

_____ Hold earnings in cash until instructed to withdraw or transfer

We, the undersigned, understand that the earnings checks are mailed to investors as soon as possible following the close of the designated period. We further understand that earnings not reinvested will be pooled in the Short Term Cash component of our account.

We further understand that we can make additional investments to this account at any time. Deposits and transfer requests received by noon on the last business day of the month will be invested in the Short Term Fund and then converted to the Balanced Fund, Fixed Income Fund, or Equity Growth Fund on the first day of the following month according to the investment strategy on record for this account. Withdrawals can be made from the Balanced Fund, Fixed Income Fund, or Equity Growth Fund when we submit the form to the Foundation three business days prior to the end of the month for payment by the 15th of the following month. Withdrawal requests from our Short Term Cash Fund are usually issued within two business days after withdrawal request is received by the Foundation.

We further understand that account statements will be online on a monthly basis and paper statements are available quarterly.

New Investment Account

Application, Agreement and Directive (continued)

_____ We have provided the Foundation with a copy of our committee minutes regarding our decisions for this investment.

_____ We have included a copy of our Endowment Charter Document, controlling documents or donor letters, trusts or bequest language with this document. (If non-existent, please write N/A)

_____ We understand that this investment will purchase a specified number of units in the Foundation Master Trust of the specified Fund.

_____ We understand that we will participate on a pro rata basis in earned income and capital appreciation/depreciation with all others.

_____ We understand that investing in securities carries an inherent risk and that past performance of investments is not a guarantee of future performance.

_____ We have read and understand the Foundation’s Investment Opportunity Booklet dated July 1, 2015.

_____ We have provided a cancelled check and authorize the Foundation to disburse withdrawals electronically. We understand that we can update this information if it changes.

We will notify the Foundation in writing of any changes we desire to make in our stated plan for receiving or investing earnings, investment fund options, and changes in authorized signatures.

Number of signatures to authorize withdrawals and transfers (minimum of 2) _____

Printed Name _____ Position _____

Signature _____ Phone/Email _____

Printed Name _____ Position _____

Signature _____ Phone/Email _____

Printed Name _____ Position _____

Signature _____ Phone/Email _____

Printed Name _____ Position _____

Signature _____ Phone/Email _____

For Internal Use Only			
Sig ____	FW ____	Log ____	DDI ____
Ack ____	QB ____	Cash Sheet ____	Scan ____
Check #	Check Date		

Authorized Signature and Online Access Card

This card replaces all previous Authorized Signature Cards. If Authorized Signers want to have online access, please include the Signer's birthdate where indicated. Spaces are also provided for those who are not Authorized Signers but who request online access *only*.



_____ Effective Date
 _____ Church/Organization Name & City
 _____ Account Number(s)

Please complete one form per account if Authorized Signers differ.

Primary contact name _____ Phone _____ Email _____
(Requested for confirmation and correspondence)

Number of signatures required for withdrawals & transfers: _____
(At least two required)

Printed name _____

Signature _____

Position _____

Phone/email _____

Authorized Signer Online Access and Electronic Statements

For Online Access and E-Statements, provide Birthdate and Social Security #

DOB _____ SS # _____

Printed name _____

Signature _____

Position _____

Phone/email _____

Authorized Signer Online Access and Electronic Statements

For Online Access and E-Statements, provide Birthdate and Social Security #

DOB _____ SS # _____

Printed name _____

Signature _____

Position _____

Phone/email _____

Authorized Signer Online Access and Electronic Statements

For Online Access and E-Statements, provide Birthdate and Social Security #

DOB _____ SS # _____

Printed name _____

Signature _____

Position _____

Phone/email _____

Authorized Signer Online Access and Electronic Statements

For Online Access and E-Statements, provide Birthdate and Social Security #

DOB _____ SS # _____

Printed name _____

Signature _____

Position _____

Phone/email _____

Authorized Signer Online Access and Electronic Statements

For Online Access and E-Statements, provide Birthdate and Social Security #

DOB _____ SS # _____

Printed name _____

Signature _____

Position _____

Phone/email _____

Authorized Signer Online Access and Electronic Statements

For Online Access and E-Statements, provide Birthdate and Social Security #

DOB _____ SS # _____

Authorized Signers, Online Access, and Electronic Statement Recipients authorized by:

Printed name _____

Signature _____

Position _____

Email _____

**All fields must be completed or the form may be returned to the church.
 Questions may be directed to the Foundation at info@RMUMF.org or 303.778.6370**

For Internal Use Only Sig ____ FW ____ Ack ____ DDI ____ Scan ____

Authorized Signature Card Policy

Purpose: The Foundation will maintain security and streamline authorized signer confirmation of all church investment accounts by requiring the church to update the Authorized Signature Card (ASC) when any change is made to current ASCs in each church's portfolio.

Common changes include:

1. Removal of a Signer (due to death, departure from the church, completion of the Signer's term, etc.)
2. Addition of a Signer
3. Addition of an account

A church may have multiple ASCs if there are different Authorized Signers on different accounts.

The Foundation will not accept an "addendum" ASC to attach to a current ASC. When Signers are added or removed, or an account is added or closed, a new ASC must be submitted.

The Foundation will only honor a transfer or withdrawal request with signatures that match a current ASC.

Authorized Signature Cards are available for downloading and printing from the Foundation's website, www.RMUMF.org/Forms. Click on the Authorized Signature Card link under "Forms for Churches."

Authorized Signature Cards may also be requested from the Foundation office by calling, 303.778.6370, or emailing, info@RMUMF.org