United Methodist Foundation of Louisiana

Office Use Only

Custodial # _____

Institutional # _____

Account Information

Existing Acct. #'s with UMF of LA						
Church Name:						
Account Name:						
Physical Address:						
	CITY			STATE	ZIP	

District: (check one) ☐ **AC** ☐ **AL** ☐ **BR** ☐ **LC** ☐ **MN** ☐ **NO** ☐ **SH**

Mailing Address: If different from physical				
	CITY		STATE	ZIP

Contact Person: _____ **Phone:** ( ) _____

Withdrawal Authorization

PRINT

Names of persons authorized to make withdrawal requests

(minimum of 2)

1. _____ **2.** _____

3. _____ 4. _____

5. _____ 6. _____

Deposit Information

	Initial Deposit Amount:	**Additional Deposits:**
Income Fund:	$	Income Fund ☐
Balanced Fund:	$	Balanced Fund ☐
Equity Fund:	$	Equity Fund ☐
		As instructed at time of deposit ☐

Reports / Distributions

Reports are sent quarterly. Please indicate your preference for receiving Distributions below. The Foundation's fiscal year is the same as the calendar year. Please include any specific instructions below, such as month of annual distribution if other than at year-end. Please call the Foundation office (225) 346-1535 if you have any questions.

Please send our distributions (check one): ☐ Upon Request ☐ Annual ☐ Semi-annual ☐ Quarterly

Other instructions: _____

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Reviewed FUND characteristics with client: _____ Date: _____

CLI- _____ AD _____ BEN- _____

Revised 9-25-07