

Print your Group ID number here: _ _ _ _ _

**CHANGE OF AUTHORIZED CONTACT PERSONS
(AMENDED SCHEDULE A)**

This certifies that at a duly called meeting of the Board of Trustees on _____, Meeting Date
the two persons whose signatures and names appear below were authorized to conduct ordinary business
with the United Methodist Foundation of New England on all accounts owned by
_____ of _____ .
Name of Church or Agency City, State

AUTHORIZED CONTACT PERSONS:

The following persons are authorized to give written instructions to the Trustee on behalf of the Church:

Primary Contact Person: _____ Daytime telephone: (____) _____
Print Name

Signature: _____ E-mail address: _____

Address for mailing
checks & correspondence: _____

_____ City State Zip

Second Contact Person: _____ Daytime telephone: (____) _____
Print Name

Signature: _____ E-mail address: _____

**** IF YOU CURRENTLY HAVE A LOAN WITH THE FOUNDATION, AND THIS CHANGE OF CONTACT PERSONS AFFECTS YOUR LOAN, PLEASE CALL OUR OFFICE TO ADVISE US.**

Primary Contact Person's Responsibilities

- **Statements, checks, correspondence, etc. are sent *only* to the Primary Contact Person.** This person has the responsibility to share the information received with all other responsible parties in the church or agency such as the Chairpersons of the Board of Trustees, the Administrative Board, and the Pastor. You are the person we will contact with any questions regarding your invested accounts.
- You communicate to the Foundation the wishes of the church regarding deposits, withdrawals, transfer of funds, investment direction and reallocations, and the like.

Second Contact Person's Responsibilities

- Withdrawals from accounts or the closeout of an account(s) require **two signatures**. As the Second Contact Person, your responsibility is to review requests for withdrawals and/or closeout of accounts, and to co-sign the same.

See Schedule B on reverse of page

SCHEDULE B

TERMS FOR WITHDRAWAL OF TRUST PROPERTY:

1. Accounts shall at all times have a minimum balance of \$2,500. Please note that a monthly fee may be assessed for every month the minimum balance is not maintained.
2. The “Authorized Contact Persons” of Church are persons so authorized by the board of trustees or governing body of Church to open and close accounts, make deposits and withdrawals, and conduct the business of Church with the Trustee. **Withdrawals or the closing of an account will require the original signatures of both authorized persons (photocopied signatures are not acceptable).**
3. All checks issued by the Trustee shall be payable to Church and mailed in care of the primary contact person at the address specified in this Agreement.
4. For notices given on or before the last business day of the month, the withdrawal, reallocation or transfer with respect to the Stock Pool or the Fixed Income Pool will be completed by the 3rd business day of the month following the giving of the notice. For notices given after the last business day of the month, such steps shall be completed by the 3rd business day of the second month following the giving of such notice. Requests for withdrawal from the Money Market Pool will be processed upon receipt.
5. With regard to closeouts of accounts, when such notices are given on or before the last business day of the month, the closeout and finalization of the account(s) shall be completed by the 20th calendar day of the month following the giving of the notice. Requests to closeout accounts invested in the Money Market Pool will be processed upon receipt.

United Methodist Foundation of New England
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