



**For Office Use Only:**

Acknowledgement \_\_\_\_\_

Initials \_\_\_\_\_ Transaction # \_\_\_\_\_

# INVESTMENT DIRECTION FORM

This is a... **Deposit**  
(Checks made payable to UMFNE)

**Withdrawal\***  
(Requires signatures of both Primary Contact and Second Authorized Person)

Use one form per account number

\_\_\_\_\_  
Name of Church or Agency

\_\_\_\_\_, \_\_\_\_\_  
City State

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

\_\_\_\_\_  
Name of Account

ACH (we must have bank information on file)

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 "CLOSEOUT".** We require a separate form for each check being deposited. If one check is used for multiple deposits, please complete a separate form for each account number. (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. Please note that the Foundation claims no responsibility for adherence to individual account restrictions. It is the sole duty of church trustees to review and use income in accordance with any fund restrictions.**

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?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Primary Contact signature – REQUIRED**

\_\_\_\_\_  
**Print Name**

(\_\_\_\_\_) \_\_\_\_\_  
Daytime Telephone

\_\_\_\_\_  
**Email address (for sending acknowledgement)**

\_\_\_\_\_  
**Second authorized person signature  
REQUIRED FOR WITHDRAWAL OR CLOSEOUT**

\_\_\_\_\_  
**Print name**