



United Methodist  
**FOUNDATION**  
Of Indiana

# United Methodist Foundation of Indiana, Inc.

## Investment Service Fund

### Account Change Information

**Instructions:**

1. Please print and provide complete information.
2. Please only complete the sections where a change is being requested.
3. Please mail this form to UMFI, 8401 Fishers Center Drive, Fishers, IN 46038 or fax to 317-788-0089.

Investor Name		
Investor Address		
City	State	Zip
Account Name		
Account Number		

**Account Name Change**

New Account Name
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**Mailing Address Change** (Please complete full address below)

New Address		
City	State	Zip

**Authorized Signatories**

	Person #1	Person #2	Person #3
Remove: Name			
Add: Name			
Signature			

**Authorized Contacts**

Remove: Name			
Add: Name			

**Statement Recipient**

	Person #1		Person #2		Person #3	
Remove: Name						
Add: Name						
Address						
City, State, Zip						
Frequency	Monthly	Quarterly	Monthly	Quarterly	Monthly	Quarterly
Statement Type	Single	Consolidated	Single	Consolidated	Single	Consolidated
Authorized by - Signature					Contact Phone	
Printed Name					Date	

**Please send this form to:** *United Methodist Foundation of Indiana, Inc., 8401 Fishers Center Drive, Fishers, IN 46038*

**Or Fax to:** 317-788-0089