



NEW ACCOUNT OPENING FORM

Instructions:

1. Please print.
2. To establish a new account, please complete both pages of this form.
3. Mail or FAX (317-788-0089) both pages to the United Methodist Foundation of Indiana, Inc.

New Account Information:	
Church Name:	
Address:	
City, State, & Zip	
Phone Number:	
Name of New Account:	
Amount of Initial Deposit:	

Authorized Signatories

Please indicate the names of those individuals to serve as Authorized Signatories. Up to three Authorized Signatories are able to obtain information regarding the specified account and are able to make changes, withdrawals, and deposits.

	Authorized Signatory 1:	Authorized Signatory 2:	Authorized Signatory 3:
Name:			
Signature			

Authorized Contacts

Please indicate the names of those individuals to serve as Authorized Contacts. Up to three Authorized Contacts are able to obtain information regarding the specified account but are unable to make changes, withdrawals, and deposits.

	Authorized Contact 1:	Authorized Contact 2:	Authorized Contact 3:
Name:			

Asset Allocation

Please indicate the desired asset allocation for the previously identified account.

Current Asset Allocation:	
Money Market Fund	_____
Short Term Investment Fund	_____
Fixed Income Fund	_____
Multiple Asset Fund	_____
World Allocation Fund	_____
Global Equity Fund	_____



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Statement Recipients

Please indicate the names of those individuals to serve as Statement Recipient(s). Statement Recipients will receive a summary of account activity and an ending balance. The statement will be sent to the address provided.

Statement Recipient 1:	
Name:	
Address:	
City, State, & Zip:	
Statement Frequency:	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually
Statement Type:	<input type="checkbox"/> Single <input type="checkbox"/> Consolidated

Statement Recipient 2:	
Name:	
Address:	
City, State, & Zip:	
Statement Frequency:	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually
Statement Type:	<input type="checkbox"/> Single <input type="checkbox"/> Consolidated

Statement Recipient 3:	
Name:	
Address:	
City, State, & Zip:	
Statement Frequency:	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually
Statement Type:	<input type="checkbox"/> Single <input type="checkbox"/> Consolidated

Church Authorized Signatory (Other than contact named above)

Position in the Church/Organization

Printed Name

Date