



# Methodists Helping Methodists

F O U N D A T I O N

## Transfer Funds (Churches / Organizations)

*This is form is for transfers and investment changes within or between your foundation accounts. Please use Withdrawal Form if you wish to move funds from Foundation to your bank account. Please complete all lines or write N/A if it does not apply. Incomplete forms may delay your request.*

Date \_\_\_\_\_ Account Owner Name \_\_\_\_\_  
*(Person, Church, or Organization)*

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Name \_\_\_\_\_

Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_

**FROM** Account Number: \_\_\_\_\_ Account Name: \_\_\_\_\_

Investment type (if applicable) \_\_\_\_\_

**TO** Account Number: \_\_\_\_\_ Account Name: \_\_\_\_\_

Investment type (if applicable) \_\_\_\_\_

\_\_\_\_ One-time transfer amount \$ \_\_\_\_\_ OR

\_\_\_\_ Periodic transfer amount \$ \_\_\_\_\_ Monthly  or Quarterly

From:  Principal  Earnings

Reason for Transfer: \_\_\_\_\_

*NOTE: Transfers of principal from Endowment Accounts must include meeting minutes with this form.*

\_\_\_\_ Please use the paperless, no signatures required process. I have listed the names and contact information for the authorized signers to contact by phone.

Authorized signers:

(1) Signature: \_\_\_\_\_ Title/Position: \_\_\_\_\_

Print Name: \_\_\_\_\_ Phone or Email: \_\_\_\_\_

(2) Signature: \_\_\_\_\_ Title/Position: \_\_\_\_\_

Print Name: \_\_\_\_\_ Phone or Email: \_\_\_\_\_

Email Address for Receipt Confirmation: \_\_\_\_\_

PLEASE NOTE: Transfer requests from Fixed Income Fund, Balanced Fund and Equity Growth Fund accounts must be received by the Foundation no later than noon on the last business day of the month. Transfers from these accounts are effective the last day of the month after valuation of funds at close of business.

**Send to:** 7350 E Progress Pl, Ste 108, Greenwood Village CO 80111  
[info@MHMFN.org](mailto:info@MHMFN.org) Fax: 303-777-6292