



# Methodists Helping Methodists

F O U N D A T I O N

## Transfer of Funds (People / Trusts)

*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 or name of trust

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

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

Transfer Authorized by:

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Second Signature (optional): \_\_\_\_\_

Print Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**PLEASE NOTE:** Transfers are typically made within two (2) business days of receipt of the transfer request. If you are moving funds in an account before its maturity date, you may incur an early withdrawal penalty.

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