

# New Investment Account Application, Agreement and Directive



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

Account in Memory or in Honor of (optional) \_\_\_\_\_

Church or Organization \_\_\_\_\_ EIN \_\_\_\_ - \_\_\_\_\_

Mailing Address \_\_\_\_\_

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

Who is the assigned authority for this account? \_\_\_\_\_  
*i.e., Church Endowment Committee, Trustees, Finance, or Other, or the church may request the Methodists Helping Methodists Foundation ensures the deposits are conserved, invested and distributed in accordance with the church's or organization's charter or rules.*

Primary Contact Name \_\_\_\_\_ Title \_\_\_\_\_

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

This account was/is established on (date) \_\_\_\_\_

Opening Amount: \$ \_\_\_\_\_

\_\_\_ We have provided Check # \_\_\_\_\_ \_\_\_ We are sending a wire

\_\_\_ We request that you pull funds from our bank account (electronic transfer)

\_\_\_ Use bank account number ending in \_\_\_\_\_, or \_\_\_ Use info on Voided Check attached

\_\_\_ Transfer from Foundation Account # \_\_\_\_\_ Account Name \_\_\_\_\_

Purpose of Fund and restrictions: \_\_\_ Endowment or Legacy Fund; \_\_\_ Building Fund; \_\_\_ Reserve;

\_\_\_ Scholarship Fund; \_\_\_ Other (describe) \_\_\_\_\_

*For continuity of organization leadership, please provide as much detail as possible. If you need more room, attach a separate page. Attach to this application any Endowment Charter Documents, Trust, Donor Letters, Bequest Language, meeting minutes, or any other supporting*

Spending Policy determined by \_\_\_\_\_ (committee name and/or job title)

Principal Preservation is \_\_\_ Required \$ \_\_\_\_\_ Lower Limit \_\_\_ Principal Preservation Not Required

Disbursements will be \_\_\_ On Request \_\_\_ Quarterly \_\_\_ Annually \_\_\_ Semi-Annually

starting \_\_\_\_\_ (date) \_\_\_ to be determined later

Amount:

\_\_\_ Percentage of fund range \_\_\_\_\_% to \_\_\_\_\_% , or Set % Amount \_\_\_\_\_%

\_\_\_ Based on a \_\_\_\_\_-year average market value a determined on \_\_\_\_\_ (date)

\_\_\_ Based on \_\_\_\_\_

\_\_\_ Interest/Dividends only

\_\_\_ Specific dollar amount \$ \_\_\_\_\_ \_\_\_ Variable Amount or not determined

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Investment Strategy: Stocks, Bonds, Cash, Balanced Approach

NOTE: All Methodists Helping Methodists Foundation investments are in alignment principles that originate from John Wesley's Social Holiness Movement and have been interpreted and applied to the management of financial investments

\_\_\_\_\_ % **Short Term Fund** and we anticipate withdrawing funds on \_\_\_\_\_ (date)  
or \_\_\_\_\_ (number of years)

\_\_\_\_\_ % **Balanced Fund** (65% equities and 35% fixed-income securities) We understand that this is a long-term (3-5 years) investment and it is not our intent to withdraw funds on a short-term basis.

\_\_\_\_\_ % **Equity Growth Fund** (70% US Equity and 30% International Equity securities) We understand that this is a long-term (3-5 years) investment and it is not our intent to withdraw funds on a short-term basis

\_\_\_\_\_ % **Fixed Income Fund** (70% Fixed Income and 30% Inflation Protection securities) We understand that this is a long-term (2-4 years) investment and it is not our intent to withdraw funds on a short-term basis

Maintain these ratios by rebalancing (portfolio model).  Yes  No By checking yes, you authorize the Methodists Helping Methodists Foundation to maintain the specified investment fund ratios by rebalancing monthly. You may change the investment strategy, provide written instructions to rebalance on a difference schedule.

Earned Income (Yield as defined in the Investment Opportunity Booklet): We direct that until further notice earned income be distributed as follows:

\_\_\_\_\_ Reinvest the Earned Income by purchasing more shares in the same Investment Strategy

OR

\_\_\_\_\_ Pay earnings

\_\_\_\_\_ Annually \_\_\_\_\_ Semi-Annually \_\_\_\_\_ Quarterly

\_\_\_\_\_ Hold earnings in Short Term Fund until instructed to withdraw or transfer

Additional Instructions and Agreement *Place checkmark where indicated.*

\_\_\_\_\_ We, the undersigned, understand that the earnings are sent to investors as soon as possible following the close of the designated period.

\_\_\_\_\_ We further understand that earnings not reinvested will be pooled in the Short Term Fund component of our account.

\_\_\_\_\_ We further understand that we can make additional investments to this account at any time. Deposits received by noon on the last business day of the month will be invested in the Short Term Fund. On the first day of the next month, purchases of shares of the Balanced Fund, Fixed Income Fund, or Equity Growth will occur as instructed above.

\_\_\_\_\_ We further understand that withdrawals can be made from the Balanced Fund, Fixed Income Fund, or Equity Growth Fund when we submit the form to the Foundation by noon on the last business day of the month for payment by the 15<sup>th</sup> of the following month. Any exceptions are at the discretion of management. Verified withdrawal requests from our Short Term Fund are usually issued within two business days after withdrawal request is received by the Methodists Helping Methodists Foundation.

\_\_\_\_\_ We further understand that account statements will be available online on a monthly basis and paper statements are available quarterly.

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*Place checkmark where indicated.*

\_\_\_\_\_ We have provided the Methodists Helping Methodists Foundation with a copy of our committee minutes regarding our decisions for this investment.

\_\_\_\_\_ We have included a copy of our Endowment Charter Document, controlling documents or donor letters, trusts or bequest language with this document. (If non-existent, please write N/A)

\_\_\_\_\_ We understand that this investment will purchase a specified number of units in the Methodists Helping Methodists Foundation Master Trust of the specified Fund.

\_\_\_\_\_ We understand that we will participate on a pro rata basis in earned income and capital appreciation/depreciation with all others.

\_\_\_\_\_ We understand that investing in securities carries an inherent risk and that past performance of investments is not a guarantee of future performance.

\_\_\_\_\_ We have read and understand the Methodists Helping Methodists Foundation's Investment Opportunity Booklet.

\_\_\_\_\_ We have provided a cancelled check and authorize the Methodists Helping Methodists Foundation to process deposits and withdrawals electronically

\_\_\_\_\_ We understand that we can update this information if it changes.

\_\_\_\_\_ We will notify the Methodists Helping Methodists Foundation in writing of any changes we desire to make in our stated plan for receiving or investing earnings, investment fund options, and changes in authorized signatures.

Number of signatures to authorize withdrawals and transfers \_\_\_\_\_

Printed Name \_\_\_\_\_ Title \_\_\_\_\_

Address, City, State, Zip \_\_\_\_\_

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

Signed X [ \_\_\_\_\_ ] Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Title \_\_\_\_\_

Address, City, State, Zip \_\_\_\_\_

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

Signed X [ \_\_\_\_\_ ] Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Title \_\_\_\_\_

Address, City, State, Zip \_\_\_\_\_

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

Signed X [ \_\_\_\_\_ ] Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Title \_\_\_\_\_

Address, City, State, Zip \_\_\_\_\_

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

Signed X [ \_\_\_\_\_ ] Date \_\_\_\_\_

## Authorized Signers and Signature Cards

This information is required for the ongoing maintenance and future transactions of your account:

See next page for additional information and best practices.

Printed Name \_\_\_\_\_ Title \_\_\_\_\_

Primary Contact     Authorized Signer     Monthly Statements Online

Address, City, State, Zip \_\_\_\_\_

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

Printed Name \_\_\_\_\_ Title \_\_\_\_\_

Primary Contact     Authorized Signer     Monthly Statements Online

Address, City, State, Zip \_\_\_\_\_

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

Printed Name \_\_\_\_\_ Title \_\_\_\_\_

Primary Contact     Authorized Signer     Monthly Statements Online

Address, City, State, Zip \_\_\_\_\_

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

Printed Name \_\_\_\_\_ Title \_\_\_\_\_

Primary Contact     Authorized Signer     Monthly Statements Online

Address, City, State, Zip \_\_\_\_\_

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

Printed Name \_\_\_\_\_ Title \_\_\_\_\_

Primary Contact     Authorized Signer     Monthly Statements Online

Address, City, State, Zip \_\_\_\_\_

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

Printed Name \_\_\_\_\_ Title \_\_\_\_\_

Primary Contact     Authorized Signer     Monthly Statements Online

Address, City, State, Zip \_\_\_\_\_

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

## Best Practices and Policies for Authorized Signers, Signature Cards, and Statement Access

To protect your investments, the Foundation requires signatures to make withdrawal or transfers on all accounts. Keeping the Foundation updated of any changes as soon as they occur will enable us to honor withdrawal and transfer requests in a timely manner.

After submission of your New Investment Account Application, Agreement and Directive, the Foundation will create an Authorized Signature card. Authorized signers and those with authorized access to information regarding your accounts will be required to provide their full name, address, and phone number.

A new signature card will be required for

- New Clients
- Changes of authority to existing account such as adding or removing an authorized Signer (examples: due to death, departure from the church, completion of the Signer's term of elected position, committee action, personal decision)
- Addition of a Signer
- Signature cards may be for only one account or may encompass all the client's accounts.

A church may choose to use one form for all accounts or use a separate form for each account if there are different Authorized Signers on different accounts.

We do not allow addendums to the signature card. If signers change, then a new card will be required. For changes in a signature card, contact the Foundation. They will initiate a new signature card and mail it to the Primary Contact for the account.

Continuity of Authority: At the bottom of the signature card, a previous signer must approve the changes. If there are no current authorized signers, the appointed pastor or an elected trustee must authorize new signers.

Best Practice: Review authorized signers annually at the yearly church/charge conference. To protect pastors, we highly recommend that pastors NOT be authorized signers on any church account. Only one person of a married couple, domestic partner, or those sharing the same address, may be an authorized signer.

Statements: All authorized signers may review account statements through an online portal. Bookkeepers or pastors may also require account statements. The signature card is used to authorize individuals who require read-only information about accounts through an online portal. Transactions are not permitted through the online portal. Account statements are available on the fifth business day of every month online. Paper statements are mailed quarterly, at the request of the account holder.

Return this entire application with first deposit (check, voided check, or wire transfer) by mail, email, or fax:

Methodists Helping Methodists Foundation  
7350 E Progress Pl, Ste 108  
Greenwood Village, CO 80111

Fax 303-777-6292

Email [info@MHMFN.org](mailto:info@MHMFN.org)

Phone 303-778-6370 for questions.