



United Methodist
Foundation of
New England

For Office Use Only:
 Initials _____ Transaction # _____
 New Account Number _____

NEW ACCOUNT DEPOSIT FORM

Use one form for each new account

Name of Church or Agency

_____, _____
City ST

Name of Account

Date

Amount of Deposit
(\$2500 minimum required to open new account)
\$ _____

Please invest my deposit in the following
Model Portfolio:

We require a separate Deposit Form for each check being deposited. If one check is used for multiple deposits, please attach a separate transaction form for each account number. Please copy this form as needed.

Model Portfolios
Stock Model
Alternative Investment Model
Endowment Model
Endowment Model – Reinvested
Balanced Growth Model
Balanced Income Model
Fixed Income Model
Money Market
Capital Appreciation Model
Weighted Growth & Income Model
Moderate Growth & Income Model
Weighted Income & Growth Model
Income & Capital Preservation Model

★ Requests to redeem or purchase units in investment accounts must be received by the last business day of the month for month-end processing.

Note: With regard to endowment funds, your church trustees are responsible for ensuring that the historic dollar value of the gift(s) made by donors or the original corpus of the endowment is preserved in accordance with state statute or common law principles relating to endowment management

Are the quarterly dividends to be: **Reinvested** **Paid**

Dividends will be paid quarterly; payments are made during the month (January, April, July, October) following the close of the quarter. **If neither boxes are checked, we will automatically reinvest until instructed otherwise.**

SOURCE OF FUNDS:

Bequest Memorial Gift Existing Endowment Capital Campaign Other _____

1 _____
Primary contact person signature - REQUIRED

(Please print name)

(_____) _____
Daytime Telephone