



United Methodist  
Foundation of  
New England

**For Office Use Only:**

Initials \_\_\_\_\_ Transaction # \_\_\_\_\_

## INVESTMENT DIRECTION FORM FOR *EXISTING* ACCOUNTS

Use one form per account number

This is a...  **Deposit**  
*Checks must be made payable to UMFNE*

**Withdrawal**  
*(Requires signatures of Primary Contact and Second Authorized Person)*

\_\_\_\_\_  
Name of Church or Agency

\_\_\_\_\_, \_\_\_\_\_  
City ST

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

<i>Date</i>	<i>*Amount</i>	<i>Account Number</i>

**\*Enter \$ amount you wish to deposit to or withdraw from this account. If closing account, write "CLOSE-OUT". We require a separate Deposit Form for each check being deposited. If one check is used for multiple deposits, please attach a separate Investment Direction Form for each account number. Please copy this form as needed.**

***Requests to redeem or purchase units in investment accounts must be received before the last business day of the month for processing. Withdrawals from the Money Market Model may be made at any time.***

**SOURCE OF FUNDS:**

Bequest    Memorial Gift    Existing Endowment    Capital Campaign    Other \_\_\_\_\_

**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.

**1** \_\_\_\_\_  
*Primary contact person signature – REQUIRED*

\_\_\_\_\_  
*(Please print name)*

(\_\_\_\_\_) \_\_\_\_\_  
Daytime Telephone

**2** \_\_\_\_\_  
*Second authorized person signature – REQUIRED FOR WITHDRAWAL OR CLOSEOUT*

\_\_\_\_\_  
*(Please print name)*