United Methodist Foundation of New England

For Office Use Only:

Initials_____ Transaction #_____

INVESTMENT DIRECTION FORM

Transfer of Funds

_____ _____, _____
Name of Church or Agency City ST

_____
Date

Transfer From:

*Account Number	**Amount	Account Name	Model

*** Complete a separate form for each transfer**
**** Write "close out" if this transfer results in closing the account**

Transfer To:

*Account Number	Amount	Account Name	Model

I WOULD LIKE DIVIDENDS TO BE: REINVESTED ☐ PAID ☐

Requests for the Transfer of Funds in investment accounts need to be received before the last business day of the month for month-end processing. Transfer of funds in Money Market may be made at any time.

Other Information:

1_____ _____
Contact Person's signature (Please print name)

(____)_____
Daytime Telephone

10 Bricketts Mill Rd. ◆ Suite 5 ◆ PO Box 370 ◆ Hampstead NH 03841-0370 ◆ (603) 329-4444 ◆ FAX (866) 231-5921
(800) 595-4347 ◆ e-mail: info@umfne.org ◆ web site: www.umfne.org