AGREEMENT FOR PARTICIPATION
IN THE POOLED INVESTMENT FUNDS
OF THE
IOWA UNITED METHODIST FOUNDATION

This Agreement is between
(“Organization”) and the Iowa United Methodist Foundation, an Iowa not-for-profit corporation
(“Foundation”).

1. The Organization has transferred to the Foundation the property listed on the Information
Sheet to be held by the Foundation for the uses and purposes described. The Organization
may transfer additional sums of money, investments or other property, real or personal, to the
Foundation in the future to be held by the Foundation for such purposes, to be identified at
the time of transfer by reference to this Agreement.

2. The Foundation shall hold or sell and invest and reinvest all property, or the proceeds from
the sale of such property, transferred under this Agreement in such securities and other
property as the Foundation in the exercise of its sole discretion, shall deem proper according
to its Investment Policy & Guidelines.

3. The Foundation shall credit the income from the property held under this Agreement, (less a
proportionate share of actual operating expenses of the Fund as described in #7, below), to
the account of the Organization not less frequently than monthly. Such income shall be paid
or applied at such time or times as the Foundation shall determine, consistent with the uses
and purposes described on the Information Sheet.

4. This Agreement may be modified at any time by mutual agreement of the Organization and
the Foundation. Either the Organization or the Foundation, acting alone, shall have the right
at any time to revoke and terminate this Trust by a writing executed and delivered to the other
party. In the event of termination, all property held by the Foundation under this Agreement
shall be transferred to the Organization or in accordance with the Organization’s direction;
provided, however, that the Foundation shall have the right to determine the timing of any
transfer or withdrawal.

5. The Foundation shall once every quarter submit to the Organization a statement showing the
status of the investment of the funds held under this Agreement.

6. The Foundation may employ such officers, agents, advisors, corporate or individual, as it may
think best in connection with the management and administration of the trust and any
common trust fund in which the trust is invested, and define their duties and fix their
compensation.

7. The Foundation shall be entitled to subtract monthly, from the earnings before allocation, a
reasonable service fee for the faithful performance of its duties, not to exceed combined
Administrative Fees and Investment Costs of 1.15% annually. (A disclosure statement,
updated at least annually, showing actual annual fees is available at the Foundation’s
website or by calling the principal office of the Foundation.)

8. The Foundation will manage the Organization’s invested funds prudently, and the
Foundation, its employees, officers and/or Directors, shall not be liable for honest errors of
judgment which may from time to time be committed by the Foundation or the said
employees, officers or Directors in the management of said property belonging to the Trust.

9. It is understood that the Pooled Investment Funds will invest in stocks and bonds that may
depreciate in value as well as appreciate.
This Agreement accepted and signed:

ORGANIZATION: ____________________________________________________________

(Name of Organization)

BY: _____________________________________________  ________________  __________
    (Name of Representative) (Title or Office) (Signature) (Date)

    _____________________________________________  ________________  __________
    (Name of Representative) (Title or Office) (Signature) (Date)

FOUNDATION: IOWA UNITED METHODIST FOUNDATION

BY: _____________________________________________  __________
    Katharine Yarnell, Executive Director  (Date)

(Two Organization signatures are required. Official Representatives often include Endowment Chair, Trustee Chair, Administrative Board Chair, Foundation Chair, Pastor, Treasurer, or Financial Secretary. The persons holding the recorded title or office are deemed to be authorized to act on behalf of the organization concerning this Agreement.)

Account Number Assigned by the Foundation # __________________________

Please return the completed agreement to:

Iowa United Methodist Foundation
2301 Rittenhouse St.
Des Moines, IA 50321
INFORMATION SHEET FOR PARTICIPATION
IN THE POOLED INVESTMENT FUNDS
OF THE
IOWA UNITED METHODIST FOUNDATION
(Please include with Application)

To the Iowa United Methodist Foundation:

Our organization is interested in participating in the Iowa United Methodist Foundation Pooled Investment Funds and utilizing its Investment Service for church organizations.

We list the below funds we propose transferring to the Foundation for our organization for administration, investment and reinvestment under a Trust Agreement in the form attached after the Foundation decides to accept this transfer.

We understand that any income earned on our participation in the Fund, less a proportionate share of actual operating expenses of the Fund, will be credited by the Foundation to our organization or designee not less frequently than monthly. As provided in the Trust Agreement, such income shall be paid or applied at such time or times as the Trustee shall determine, consistent with the uses and purposes described below.

We submit the following information in support of our request: (Please complete blanks below. If there is not enough space for answers, please attach supplemental information.)

Name of Organization: ____________________________________________________________

Address:
___________________________________________________________
___________________________________________________________
___________________________________________________________

E-Mail and Phone: ___________________________________________________________

Name of Account: ___________________________________________________________

Amount of cash to be transferred to the Foundation: $ _______________________

If non-cash deposit please give a brief description and estimated value:
___________________________________________________________

State any Information or Other Special Instructions, Restrictions or Limitations on the use of any of these funds: (optional)
___________________________________________________________

___________________________________________________________

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INVESTMENT OPTIONS

**Step #1:** Please read the information on the Balanced, Equity and Bond Fund options as detailed in The Disclosure Statement which either accompanied this form or is available by calling the Foundation's Office (515-974-9827) or by visiting the website at [www.iiumf.org](http://www.iiumf.org). This information will assist you in matching your goals with the most appropriate fund.

The Foundation staff is also available to assist in describing each fund’s objectives and risks. Call the above number or e-mail foundationadmin@iaumc.org.

**Step #2:** Funds will automatically be placed in the Balanced Fund, unless you designate a specific choice. Use the table below to designate your own allocation of original principal* among the Funds, using percentages.

<table>
<thead>
<tr>
<th>%</th>
<th>Equity Fund</th>
<th>%</th>
<th>Balanced Fund</th>
<th>%</th>
<th>Bond Fund</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
<tr>
<td>100%</td>
<td>Total Allocation*</td>
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</tbody>
</table>

(*Returns will vary from fund to fund, and your investment percentage mix may change over time according to the performance of each fund. Your quarterly statement will reflect your original allocation and how that compares with your current holdings. If you wish to rebalance according to your original allocation, you may do so at any time by calling or e-mailing the Foundation)

DISBURSEMENT OPTIONS

Mark Option 1, 2, 3 or 4 with an “X”. (If choosing options 2 or 3, complete the remaining information as well.)

**Option #1:** □ Automatically reinvest the earnings. We withdraw upon request.

**Option #2:** □ Pay earnings (Includes interest and dividends only, not capital gains.)

- □ Quarterly (3/31, 6/30, 9/30, 12/31)
- □ Semi-Annually (specify which 2 quarter-ends) ________ & ________
- □ Annually (specify which month-end) _______________

**Option #3:** □ Pay 4% annually

- □ Based on December 31st Balance
- □ Based on Rolling Three Year Average (12/31)
- □ Pay other percentage __________%

**Option #4:** □ Other ____________________________
ORGANIZATION:  
(Name of Organization) 

BY:  
(Name of Representative)  
>Title or Office)  
(Signature)  
(Date)  

(Name of Representative)  
>Title or Office)  
(Signature)  
(Date)  

FOUNDATION: IOWA UNITED METHODIST FOUNDATION  

BY:  
Katharine Yarnell, Executive Director  
(Date)  

(Two Organization signatures are required. Official Representatives often include Endowment Chair, Administrative Board Chair, Foundation Chair, Pastor, Treasurer, or Financial Secretary. The persons holding the recorded title or office are deemed to be authorized to act on behalf of the organization concerning this Agreement.)  

Account Number Assigned by the Foundation #  

Please return the completed form to:  
Iowa United Methodist Foundation  
2301 Rittenhouse St.  
Des Moines, IA  50321