INVESTMENT FUND CHANGE AGREEMENT
IOWA UNITED METHODIST FOUNDATION

This Investment Fund Change Agreement is for organizations that already maintain an investment account with the Iowa United Methodist Foundation and wish to change the investment fund allocation for an existing account.

Organization and Account Information

Name of Organization: _____

Account Name: _____

Existing Account Number: _____

Contact Name and Title: _____

Phone and E-Mail: _____

Requested Investment Fund Change

Fund	Current Allocation	Requested Allocation
Equity Fund	_____ %	_____ %
Balanced Fund	_____ %	_____ %
Bond Fund	_____ %	_____ %
Total	100 %	100 %

The organization requests that the Foundation update the investment allocation for the account listed above according to the requested allocation shown in this agreement. The organization understands that investment values may increase or decrease and that the requested change will be processed according to the Foundation's policies, procedures, and timing for investment changes.
This agreement changes only the investment fund allocation for the account identified above. All other terms of the organization's existing agreement with the Foundation remain in effect unless separately amended in writing.

DISTRIBUTION OPTIONS

Mark Option 1, 2, 3 or 4 with an "X". If choosing Option 2 or 3, complete the remaining information and select only one indented option.

Option #1: ☐ Automatically reinvest the earnings.
Withdrawals are issued on the 15th; requests must be received by the 10th of that month.

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 two 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
_____

Authorization

By signing below, the organization certifies that the individuals signing this agreement are authorized representatives of the organization and are authorized to request this investment fund change on behalf of the organization.

Organization: _____

By: _____

Title: _____

Signature: _____

Date: _____

Two organization signatures are recommended unless the Foundation determines that one authorized signature is sufficient for the account.

By: _____

Title: _____

Signature: _____

Date: _____

Foundation Approval

Foundation: **Iowa United Methodist Foundation**

By: _____

Name/Title: Katharine Yarnell, Executive Director

Date: _____

New Account Number Assigned by the Foundation # _____

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