

United Methodist Foundation of Indiana, Inc.
Investment Service Fund
 Account Change Information

Instructions:

1. Please print and provide complete information.
2. Please only complete the sections where a change is being requested.
4. Please mail this form to UMFI, 8401 Fishers Center Drive, Fishers, IN 46038 or fax to (317)788-0089.

Investor Name		
Investor Address		
City	State	Zip
Account Name		
Account Number		

Account Name Change

New Account Name

Asset Allocation: (SEI ACCOUNTS ONLY)

Please indicate the asset allocation for the above noted SEI account.

Current Allocation	Update Asset Allocation as of _____ (month end)
<input type="checkbox"/> Growth (100% Equity)	<input type="checkbox"/> Growth (100% Equity)
<input type="checkbox"/> Growth & Income (65% Equity/35% Fixed Income)	<input type="checkbox"/> Growth & Income (65% Equity/35% Fixed Income)
<input type="checkbox"/> Balanced (50% Equity/50% Fixed Income)	<input type="checkbox"/> Balanced (50% Equity/50% Fixed Income)
<input type="checkbox"/> Income & Growth (65% Fixed Income/35% Equity)	<input type="checkbox"/> Income & Growth (65% Fixed Income/35% Equity)
<input type="checkbox"/> Income (100% Fixed Income)	<input type="checkbox"/> Income (100% Fixed Income)

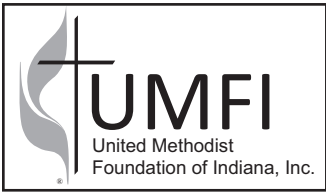
On-Line Access (Not available for SEI accounts)

	Person #1	Person #2	Person #3
Remove: Name			
Add: Name			
E-mail			
Phone			

Authorized by - Signature	Contact Phone
Printed Name	Date

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Investor Name		
Investor Address		
City	State	Zip
Account Name		
Account Number		

Mailing Address (Please complete full address below)		
New Address		
City	State	Zip

Authorized Signatories	Person #1	Person #2	Person #3
Remove: Name			
Add: Name			
Signature			

Authorized Contacts			
Remove: Name			
Add: Name			

Statement Recipient	Person #1	Person #2	Person #3
Remove: Name			
Add: Name			
Address			
City, State, Zip			
Frequency	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly
Statement Type	<input type="checkbox"/> Single <input type="checkbox"/> Consolidated	<input type="checkbox"/> Single <input type="checkbox"/> Consolidated	<input type="checkbox"/> Single <input type="checkbox"/> Consolidated

Authorized by - Signature	Contact Phone
Printed Name	Date

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