



CHANGE ACCOUNT INFORMATION

Instructions:

1. Please print.
2. You only need to complete the sections where a change is being requested.
3. Mail or FAX (317-788-0089) both pages to the United Methodist Foundation of Indiana, Inc.

Church Name: _____

The change(s) is for the following account number(s):

Account Number(s):					

Authorized Signatories

Please indicate the names to be added and/or removed as Authorized Signatories. Up to three Authorized Signatories are able to obtain information regarding specified accounts and are able to make changes, withdrawals, and deposits.

	Authorized Signatory 1:	Authorized Signatory 2:	Authorized Signatory 3:
Remove Name:			
Add Name:			

Authorized Contacts

Please indicate the names to be added and/or removed as Authorized Contacts. Up to three Authorized Contacts are able to obtain information regarding specified accounts but are unable to make changes, withdrawals, and deposits.

	Authorized Contact 1:	Authorized Contact 2:	Authorized Contact 3:
Remove Name:			
Add Name:			

Asset Allocation

Please indicate the asset allocation for the previously identified account(s). Select only one.

Current Asset Allocation:	Change Asset Allocation to:
___ Growth (100% Equity)	___ Growth (100% Equity)
___ Growth & Income (65% Equity / 35% Fixed Income)	___ Growth & Income (65% Equity / 35% Fixed Income)
___ Balanced (50% Equity / 50% Fixed Income)	___ Balanced (50% Equity / 50% Fixed Income)
___ Income & Growth (35% Equity / 65% Fixed Income)	___ Income & Growth (35% Equity / 65% Fixed Income)
___ Income (100% Fixed Income)	___ Income (100% Fixed Income)

