

New Investment Account Application, Agreement and Directive

Name of Account: _____

Date: _____

Church/Agency: _____

Mailing Address: _____

Phone: _____

Primary email of Church/Agency: _____

Established Date and Amount:

The enclosed check # _____ payable to **Mountain Sky United Methodist Foundation, Inc.** in the amount of \$ _____ and dated _____, 20__ represents funds to be invested in this new account. Contact the Foundation for wiring instructions.

Account in Memory or in Honor of: *If applicable* _____

Who is the assigned authority for this account? _____

i.e., Church Endowment Committee, Trustees, Finance, or Other, or the church may request the Mountain Sky United Methodist Foundation ensures the deposits are conserved, invested and distributed in accordance with the church's or organization's charter or rules.

Purpose of Fund and restrictions: _____ **Endowment or Legacy Fund;** _____ **Building Fund;**

_____ **Reserve;**

_____ **Scholarship Fund;** _____ **Other (describe)** _____

Please provide as much detail as possible. If you need more room, attach a separate page. Include Endowment Charter Documents, Trust, Donor Letters, Bequest Language, meeting minutes, or any other supporting documents.

Spending Policy: Choose one

_____ Principal Preservation:

_____ Interest/Dividends only

_____ Percentage of fund _____%

_____ Based on a 3-year average market value as determined on _____ (dd/mm)

_____ If total return is less than specified percent, use the lesser (*provision for down market*).

OR

_____ Specific dollar amount that may vary

Determined by _____ (committee name and/or job title)

Investment Strategy *Stocks, Bonds, Cash, Balanced Approach*

NOTE: All Foundation investments are in alignment with the Social Principles of the United Methodist Church.

_____ % **Short Term Cash Fund** and we anticipate withdrawing funds on _____ (date)
or _____ (number of years)

_____ % **Balanced Fund** (65% equities and 35% fixed-income securities) We understand that this is a long-term (3-5 years) investment and it is not our intent to withdraw funds on a short-term basis.

_____ % **Equity Growth Fund** (70% US Equity and 30% International Equity securities) We understand that this is a long-term (3-5 years) investment and it is not our intent to withdraw funds on a short-term basis

_____ % **Fixed Income Fund** (70% Fixed Income and 30% Inflation Protection securities) We understand that this is a long-term (2-4 years) investment and it is not our intent to withdraw funds on a short-term basis

Portfolio Model? Yes / No (circle one): Maintain the ratios by rebalancing on a monthly basis. (You may change the investment strategy OR rebalance on a different schedule OR manually by written request to the Foundation.

Earned Income (Yield as defined in the Investment Opportunity Booklet): We direct that until further notice earned income be distributed as follows:

_____ Reinvest the Earnings OR

_____ Pay earnings

_____ Annually

_____ Quarterly

_____ Monthly

_____ Hold earnings in cash until instructed to withdraw or transfer

Check line where indicated

_____ We, the undersigned, understand that the earnings checks are mailed to investors as soon as possible following the close of the designated period. We further understand that earnings not reinvested will be pooled in the Short Term Cash component of our account.

_____ We further understand that we can make additional investments to this account at any time. Deposits and transfer requests received by noon on the last business day of the month will be invested in the Short Term Cash Fund and then converted to the Balanced Fund, Fixed Income Fund, or Equity Growth Fund on the first day of the following month according to the investment strategy on record for this account. Withdrawals can be made from the Balanced Fund, Fixed Income Fund, or Equity Growth Fund when we submit the form to the Foundation three business days prior to the end of the month for payment by the 15th of the following month. Verified withdrawal requests from our Short Term Cash Fund are usually issued within two business days after withdrawal request is received by the Foundation.

Check line where indicated

_____ We further understand that account statements will be available online on a monthly basis and paper statements are available quarterly.

_____ We have provided the Foundation with a copy of our committee minutes regarding our decisions for this investment.

_____ We have included a copy of our Endowment Charter Document, controlling documents or donor letters, trusts or bequest language with this document. (If non-existent, please write N/A)

_____ We understand that this investment will purchase a specified number of units in the Foundation Master Trust of the specified Fund.

_____ We understand that we will participate on a pro rata basis in earned income and capital appreciation/depreciation with all others.

_____ We understand that investing in securities carries an inherent risk and that past performance of investments is not a guarantee of future performance.

_____ We have read and understand the Foundation's Investment Opportunity Booklet.

_____ We have provided a cancelled check and authorize the Foundation to disburse withdrawals electronically.

_____ We understand that we can update this information if it changes.

_____ We will notify the Foundation in writing of any changes we desire to make in our stated plan for receiving or investing earnings, investment fund options, and changes in authorized signatures.

Number of signatures to authorize withdrawals and transfers (minimum of 2) _____

Printed Name _____ Position _____

Signature _____ Phone/Email _____

Printed Name _____ Position _____

Signature _____ Phone/Email _____

Printed Name _____ Position _____

Signature _____ Phone/Email _____

Printed Name _____ Position _____

Signature _____ Phone/Email _____

For Internal Use Only			
Sig ____	FW ____	Log ____	DDI ____
Ack ____	QB ____	Cash Sheet ____	Scan ____
Check #	Check Date		

Authorized Signature Card Instructions

To protect your investments, the Foundation requires signatures to make withdrawal or transfers on all accounts. Keeping the Foundation updated of any changes as soon as they occur will enable us to honor withdrawal and transfer requests in a timely manner.

When to use this form:

1. New account
2. Removal of a Signer/Online Statement Access (examples: due to death, departure from the church, completion of the Signer's term, committee action, personal decision)
3. Addition of a Signer/Online Statement Access

A church may choose to use one form for all accounts or use a separate form for each account if there are different Authorized Signers on different accounts.

The Foundation uses a banking model. Therefore, for all new accounts and when Signers are added or removed a new form must be submitted. We do not allow addendums to this card. Signers are required to provide Date of Birth (DOB) and a Social Security Number (SSN) for identification purposes.

Continuity of Authority: At the bottom of the form, a previous signer must approve the changes. If there are no current authorized signers, the appointed pastor or an elected trustee must provide this continuity.

Best Practice: Review authorized signers annually at the yearly church/charge conference.

Return completed cards by mail, email, or fax:

Mountain Sky United Methodist Foundation, Inc.
7350 E Progress Pl, Ste 205
Greenwood Village, CO 80111

Phone 303-778-6370

Fax 303-777-6292

Email info@MountainSkyUMF.org

For additional copies of this form, visit our website: <https://www.MountainSkyUMF.org/forms>

Authorized Signature Card

**This form replaces all previous signature cards.
Addendums to existing signature cards are not allowed.**

Mountain Sky United Methodist Foundation, Inc.
7350 E Progress Pl, Suite 205
Greenwood Village, CO 80111
Phone: 303-778-6370 Fax: 303-777-6292
info@MountainSkyUMF.org

Effective Date:

Church Name:
City:
State:

Primary Contact Name:
Position at church:
Phone:
Email:

Account Number(s): List all that apply or write "ALL".
Use a different form if signers differ per account.

Number of signatures required for withdrawals & transfers: _____ (at least two required)
FACSIMILE SIGNATURE(S) ALLOWED? Yes No
SCAN/EMAIL SIGNATURE(S) ALLOWED? Yes No

[X]

Printed Name:

SIGNATURE(S): The undersigned certifies the accuracy of the information he/she has provided and acknowledges receipt of a completed copy of this form. For more than four signers, use a second form.

Authorized Signer View Online Statements

(1) [X]

Printed Name: _____
Title: _____
D.O.B. _____ S.S.N. _____
Phone: _____
Email: _____

Authorized Signer View Online Statements

(2) [X]

Printed Name: _____
Title: _____
D.O.B. _____ S.S.N. _____
Phone: _____
Email: _____

Authorized Signer View Online Statements

(3) [X]

Printed Name: _____
Title: _____
D.O.B. _____ S.S.N. _____
Phone: _____
Email: _____

Authorized Signer View Online Statements

(4) [X]

Printed Name: _____
Title: _____
D.O.B. _____ S.S.N. _____
Phone: _____
Email: _____

CERTIFICATION OF AUTHORITY: I certify that the elected committees have voted and authorized by resolution to add or remove these authorized signers to the accounts as listed at the top of this form. I represent that I am (check one):

I am a previous signer, or I am the appointed pastor, or I am an elected Trustee.

[X] Date _____

Printed Name: _____ Title: _____