

**ACCOUNT PRELIMINARY FORM
ALABAMA-WEST FLORIDA UNITED METHODIST FOUNDATION**

DATE _____ ACCOUNT NAME/# _____
(FOR OFFICE USE)

FUND NAME _____

DONOR & ADDRESS _____

Email Address: _____ Telephone # _____

Original Contribution/Deposit \$ _____ Is this a Permanent Trust or Fund Management

INSTRUCTIONS:

I. Fund Beneficiaries (Legal Name and Address) _____

II. Disbursement of Interest:

A. Frequency of Disbursement: Quarterly Semi-annually Annually in _____ Upon Request

B. Interest:

- Percentage to be Disbursed: _____

- Percentage to be Retained to Principal: _____

C. Principal:

- Is Principal Restricted: _____

- Capital Gains: Reinvest as Principal Disburse as Income Hold as Income

III. Investment of Funds:

A. Long-Term Investment Objectives: _____

B. Restrictions: _____

C. Invest in: _____% Common Growth Fund _____% Common Income Fund _____% Common Balanced Fund

Other: _____

IV. Statements:

A. Quarterly Semiannually Annually Mail or Email

B. Recipient & Address (email or mailing): _____

C. Persons who are authorized to obtain information (Churches use positions i.e. Finance Chair): _____

D. Name(s) of authorized signers for check requests: _____

E. Preliminary Form Completed By: _____

Documentation (to be completed by office):

Permanent Trust/ Fund Management Date Mailed: _____ Date Signed _____

Other _____