



VIRGINIA UNITED METHODIST FOUNDATION

ACCOUNT INFORMATION SHEET

10330 Staples Mill Road
Glen Allen, VA 23058
www.VAUMFGifts.org
vafoundationumc@vaumc.org
804.521.1121 or 1-800-768-6040 ext. 121

New account: Account(s) update: ALL Accounts Account #(s): _____
 New Account Name: _____
 Church Name: _____
 Mailing address: _____
 City: _____ State: _____ Zip: _____
 Email: _____ Phone: _____
 District: _____ GCFA #: _____

| ACCOUNT PURPOSE | | | ASSET ALLOCATION | |
|---|--|--------------|------------------|---------------------|
| General Investment | | | _____ | % Stock fund |
| Endowment: | Restricted | Unrestricted | _____ | % Balance Plus fund |
| Withdrawal Restriction(s): | Yes | No | _____ | % Balance fund |
| <i>(Attach a copy of the endowment resolution and/or restriction(s).)</i> | | | _____ | % Bond fund |
| Apply allocation to all future deposits | Apply allocation to current deposit only | | _____ | % Total |

AUTHORIZED CONTACTS *(if authorized to sign for withdrawals and deposits, please check the box next to the Authorized Name)*

| | | | |
|---------------------|-------|-------------|------------------|
| Authorized Name: | _____ | Position: | _____ |
| Mailing address: | _____ | | |
| City: | _____ | State: | _____ Zip: _____ |
| Email: | _____ | Phone: | _____ |
| Signature: | _____ | Date: | _____ |
| Receive statements: | Email | Postal mail | No |
| Authorized Name: | _____ | Position: | _____ |
| Mailing address: | _____ | | |
| City: | _____ | State: | _____ Zip: _____ |
| Email: | _____ | Phone: | _____ |
| Signature: | _____ | Date: | _____ |
| Receive statements: | Email | Postal mail | No |
| Authorized Name: | _____ | Position: | _____ |
| Mailing address: | _____ | | |
| City: | _____ | State: | _____ Zip: _____ |
| Email: | _____ | Phone: | _____ |
| Signature: | _____ | Date: | _____ |
| Receive statements: | Email | Postal mail | No |
| Authorized Name: | _____ | Position: | _____ |
| Mailing address: | _____ | | |
| City: | _____ | State: | _____ Zip: _____ |
| Email: | _____ | Phone: | _____ |
| Signature: | _____ | Date: | _____ |
| Receive statements: | Email | Postal mail | No |

CHURCH COUNCIL CERTIFICATION

Senior Pastor name: _____ Signature: _____ Date: _____
 Authorized Lay Person name: _____ Signature: _____ Date: _____