TEXAS METHODIST FOUNDATION PARTICIPATION REQUEST

Account Name:
Account No.:
TMF USE ONLY

Organization Name/Account Designation*	**Tax I. D. Number**

Contact Person	**Phone Number**	**Fax**	**E-mail Address**

STATEMENT INFORMATION

(Please select one option) ☐ **monthly** ☐ **quarterly** ☐ **semi-annually or** ☐ **annually**

_____
Attention

_____
Street City State Zip

(If more than one statement is required, please attach additional page)

ASSET ALLOCATION

Investment Fund

_____ Short Term Portfolio _____ Fixed Income Portfolio
_____ Methodist Loan Fund _____ Equity Portfolio _____ Balanced Portfolio

AUTHORIZED SIGNERS *(Assign 2 or more; Printed Names)*

_____ _____ _____ _____

_____ _____ _____ _____

RESTRICTIONS *(if any)*

DISTRIBUTION OF INCOME

(Please select one option) ☐ **on request (re-invest)** ☐ **monthly** ☐ **quarterly** ☐ **semi-annually** or ☐ **annually**

Address for payments:
_____
_____
_____
_____

Payable to: _____

Wire Instructions: $10.00 Fee for Outgoing Wires
ABA No. (Routing No.) _____
Bank Name & City _____
Account Number _____
Name on Account _____
_____
Recipient physical street address _____
_____

MAKING AN INVESTMENT

Make checks payable to: Texas Methodist Foundation, Attn: Sara Beltran, 11709 Boulder Lane, Suite 100, Austin, Texas 78726

AUTHORIZATION

Please accept our Investment for management by Texas Methodist Foundation in accordance with the Master Investment Management Agreement with the Foundation:

By: _____
Printed Name: _____
Title: _____
Date: _____

By: _____
Printed Name: _____
Title: _____
Date: _____

Mail or fax form to: Texas Methodist Foundation, 11709 Boulder Lane, Suite 100, Austin TX 78726-1808 – Fax #512/331-0670

*If your organization is not a church, please attach a copy of your organization's IRS Exemption Letter.