



**TEXAS METHODIST FOUNDATION  
PARTICIPATION REQUEST**

Account Name:  
Account No.:

TMF USE ONLY

<b>Organization Name/Account Designation*</b>	<b>Tax I. D. Number</b>
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<b>Contact Person</b>	<b>Phone Number</b>	<b>Fax</b>	<b>E-mail Address</b>
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**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	_____ Balanced Portfolio
_____ Methodist Loan Fund	_____ Equity 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

<b>Address for payments:</b>	<b>Wire Instructions:</b>	\$10.00 Fee for Outgoing Wires
_____	ABA No. (Routing No.)	_____
_____	Bank Name & City	_____
_____	Account Number	_____
_____	Name on Account	_____
Payable to: _____	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: _____	By: _____
Printed Name: _____	Printed Name: _____
Title: _____	Title: _____
Date: _____	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.