



Dakotas | Minnesota
**METHODIST
FOUNDATIONS**

Account number assigned by the Foundation: _____

info@dakotasumf.org
605-990-7790

APPLICATION TO ESTABLISH AN INVESTMENT ACCOUNT

The _____ of the
(Name of Board or Committee)

(Church or Agency)

(City)

(State)

Approval has been given to transfer to the Dakotas Methodist Foundation for deposit an initial amount of \$_____. This transfer is to be by authorized persons in the form of a check or through special arrangements in the case of stocks or other assets. This will establish an Investment account with the Foundation.

Investment Account Name: _____

The following person/s are hereby authorized to make such deposits and withdrawals in the future on behalf of the Investment Account:

Name: _____

Title: _____

Name: _____

Title: _____

We would like our investment in the following account:

Growth Fund (approximately 65% equities / 35% fixed income)

Balanced Fund (approximately 50% equities / 50% fixed income)

Fixed Income Fund (approximately 70% fixed income / 30% inflation protection)

Dated this _____ day of _____, _____
(Date) (Month) (Year)

Board/Agency: _____

Signed: _____

Title: _____

The Dakotas Methodist Foundation invests in alignment with the Social Principles of The UMC.

** The Dakotas Methodist Foundation does not receive apportionment funding. Fees are directed toward operating costs, allowing the Foundation to provide services for our churches. Our annual fee is 75 basis points or .75%. Wespath Institutional Investments' all-inclusive expense ratio ranges from 51-60 basis points depending on the fund. Returns are reported net-of-fees.*

Please include specific instructions on how the funds are to be distributed by the church/ ministry along with any additional information that should be known for the management of this Investment Account.

Acceptance: The Foundation hereby accepts and agrees to administer the funds deposited by the Investor pursuant to the terms expressed herein.

The Dakotas Methodist Foundation

By: _____

Date: _____

Please return completed form to:

Dakotas Methodist Foundation
PO Box 460
Mitchell, SD 57301