



TMF

Stewarding Potential

Account Name:

Account No.:

TMF USE ONLY

INVESTMENT APPLICATION

Organization Name/Account Designation*		Tax I. D. Number	
Contact Person	Phone Number	Fax	E-mail Address
<p>STATEMENT INFORMATION (Please select one option) <input type="checkbox"/> monthly <input type="checkbox"/> quarterly <input type="checkbox"/> semi-annually or <input type="checkbox"/> annually</p> <p>_____ Attention</p> <p>_____ Street City State Zip</p> <p style="text-align: center; font-size: small;">(If more than one statement is required, please attach additional page)</p>			
<p>ASSET ALLOCATION Investment Fund</p> <p>_____ Methodist Loan Fund _____ TMF Balanced Portfolio _____ Short Term Portfolio</p> <p>_____ Wespath US Equity Fund _____ Wespath International Equity Fund</p> <p>_____ Wespath Fixed Income Fund _____ Wespath Inflation Protection Fund _____ Wespath Multiple Asset Fund</p>			
<p>AUTHORIZED SIGNERS <i>(Assign 2 or more; Printed Names)</i></p> <p>_____ _____ _____ _____</p> <p>_____ _____ _____ _____</p>			
<p>RESTRICTIONS <i>(if any)</i></p>			
<p>DISTRIBUTION OF INCOME</p> <p>(Please select one option) <input type="checkbox"/> on request (re-invest) <input type="checkbox"/> monthly <input type="checkbox"/> quarterly <input type="checkbox"/> semi-annually or <input type="checkbox"/> annually</p>			
<p>MAKING AN INVESTMENT</p> <p>Make checks payable to: TMF, Attn: Sara Beltran, 11709 Boulder Lane, Suite 100, Austin, Texas 78726</p>			

AUTHORIZATION

Please accept our Investment for management by TMF in accordance with the Master Investment Management Agreement with TMF:

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

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