



**Account Name:**

**Account No.:**

TMF USE ONLY

## INVESTMENT APPLICATION

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

### 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: \_\_\_\_\_