



New Account Enrollment Form

Account Information

Corporate Name: _____

Registered Address: _____

Organization EIN Number: _____

Primary Contact Name, Title: _____

Contact Address: _____

Contact Phone Number: _____

Contact Email: _____

Bank Information for quarterly withdrawal

Bank Name: _____

Bank Address: _____

Name on Bank Account: _____

Account Number: _____

Routing Number: _____

Quarterly Withdrawals (of average quarterly balance)

_____ No withdrawals

_____ 0.25%

_____ 0.50%

_____ 1.00%

_____ % (not to exceed 1.00%)

We have listed below the funds we propose transferring to the Foundation for our organization to be administered, invested and reinvested under the Investment Agreement after the Foundation accepts our request.

We understand that any income on our investment in the Fund, less the annualized fee, will be reinvested.



UNITED METHODIST
STEWARDSHIP FOUNDATION
OF GREATER NEW JERSEY

We further understand that we may change our quarterly withdrawal option with 30 days' notice.

We submit the following information in support of our request:

Corporate Name: _____

Designated Contact: _____

We plan to make our initial investment of \$_____ dollars specifically into the _____ Fund at Wespath.

We plan to name this account the: _____.

This request is authorized by the action of the above named church or church organization in accordance with the attached resolution on this _____ day of _____, 20____.

By: _____

(Print Name and Title)

Signature

(Pastor's Name)

Signature

Accepted by The United Methodist Foundation Of The Greater New Jersey Annual Conference

By: _____

(Print Name and Title)

Signature

Date: _____

A duly signed copy of this form will be returned to you upon receipt of your signed documents