



Custodial # \_\_\_\_\_

Institutional # \_\_\_\_\_

Account Information

Existing Acct. #'s with UMF of LA	_____	_____	_____	_____	_____	
	Church Name:					
	Account Name:					
	Physical Address:					
	CITY		STATE		ZIP	

District: (check one)     AC     BR     LC     MN     NO     SH

Mailing Address: If different from physical	_____
	_____
	CITY STATE ZIP

Contact Person: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Withdrawal Authorization

<b>PRINT</b> Names of persons authorized to make withdrawal requests (minimum of 2 )	1. _____	2. _____
	3. _____	4. _____
	5. _____	6. _____

Deposit Information

	Initial Deposit Amount:	Additional Deposits:
Income Fund:	\$ _____	Income Fund <input type="checkbox"/>
Balanced Fund:	\$ _____	Balanced Fund <input type="checkbox"/>
Equity Fund:	\$ _____	Equity Fund <input type="checkbox"/>
		As instructed at time of deposit <input type="checkbox"/>

Reports / Distributions

Reports are sent quarterly. Please indicate your preference for receiving Distributions below. The Foundation's fiscal year is the same as the calendar year. Please include any specific instructions below, such as month of annual distribution if other than at year-end. Please call the Foundation office (225) 346-1535 if you have any questions.

Please send our distributions (check one):     Upon Request     Annual     Semi-annual     Quarterly

Other instructions: \_\_\_\_\_

OFFICE USE ONLY

Reviewed FUND characteristics with client: \_\_\_\_\_ Date: \_\_\_\_\_

CLI- \_\_\_\_\_ AD \_\_\_\_\_ BEN- \_\_\_\_\_