

Account Name:	
Account No.:	
	TMF USE ONLY

PARTICIPATION REQUEST

Organization Name/Account Designation*			Tax I. D. Number	
Contact Person	Phone Number	Fax	E-mail Address	
STATEMENT INFORMATION (Please select one option Attention	monthly	quarterly semi-annu	ually or annually	
recention				
Street (If more the	City nan one statement is required	State I, please attach additional page	Zip	
ASSET ALLOCATION Investmen	nt Fund			
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				
RESTRICTIONS (if any) DISTRIBUTION OF INCOME	or more; Printed Names)			
	request (re-invest) 🔲 n	nonthly quarterly se	mi-annually or annually	
MAKING AN INVESTMENT Make checks payable to: TMF, Attn: Sara I	Beltran, 11709 Boulder La	ane, Suite 100, Austin, Texa	s 78726	
Please accept our Investment for management By: Printed Name: Title: Date:	By: Printed	with the Master Investment		

Mail or fax form to: TMF, Attn: Sara Beltran, 11709 Boulder Lane, Suite 100, Austin TX 78726-1808 – Fax #512/331-0670