

Tithe your will



Transfer of Funds Request

Please use one form for each account



Date _____

Church or Agency _____

Address _____

Endowments

Investments

Gift Planning

Loans

From account number/investment fund name: _____

To account number/investment fund name: _____

One time transfer amount (required): \$ _____

Or

Periodic transfer amount (specify monthly or quarterly) \$ _____

From: ___Principal ___Earnings

Reason for transfer: _____

Transfers of principal from Endowment Accounts must include meeting minutes with this form.

Transfer authorized by:

Printed name: _____ Position: _____

Signature: _____ Phone/Email: _____

Printed name: _____ Position: _____

Signature: _____ Phone/Email: _____

E-mail address for receipt confirmation: _____

PLEASE NOTE:

Transfer requests from Fixed Income Fund, Balanced Fund, and Equity Growth Fund Accounts must be received by the Foundation no later than noon on the last business day of the month. Transfers from these accounts are effective the first day of the following month.

Questions may be directed to Martha Friedrich at martha@rmumf.org or (303) 778-6370.

*All fields are required to be completed or the form may be returned to the Church.

For Internal Use Only			
Sig ___	FW/DDI ___	Log ___	DDI ___
Ack ___	QB ___	Cash Sheet ___	Scan ___
Check # _____	Check Date _____		