

**ACCOUNT PRELIMINARY FORM  
ALABAMA-WEST FLORIDA UNITED METHODIST FOUNDATION**

DATE \_\_\_\_\_ "\*\*\*\*\*"ACCOUNT # \_\_\_\_\_  
(FOR OFFICE USE)

FUND NAME \_\_\_\_\_

DONOR & ADDRESS \_\_\_\_\_

Email Address: \_\_\_\_\_ Telephone # \_\_\_\_\_

Original Contribution/Deposit \$ \_\_\_\_\_ Is this a  Permanent Trust or  Fund Management

**INSTRUCTIONS:**

**I. Fund Beneficiaries (Legal Name and Address)** \_\_\_\_\_

**II. Disbursement of Interest:**

A. Frequency of Disbursement:  Quarterly  Semi-annually  Annually in \_\_\_\_\_  Upon Request

B. Interest:  
• Percentage to be Disbursed: \_\_\_\_\_

• Percentage to be Retained to Principal: \_\_\_\_\_

C. Principal:

• Is Principal Restricted: \_\_\_\_\_

• Capital Gains:  Reinvest as Principal  Disburse as Income  Hold as Income

**III. Investment of Funds:**

A. Long-Term Investment Objectives: \_\_\_\_\_

B. Restrictions: \_\_\_\_\_

C. Invest in: \_\_\_\_\_% Common Growth Fund \_\_\_\_\_% Common Income Fund \_\_\_\_\_% Common Balanced Fund

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

**IV. Statements:**

A.  Quarterly  Semiannually  Annually  Mail or  Quarterly/Check

B. Recipient & Address (mailing "go check" quarterly): \_\_\_\_\_

C. Persons who are authorized to obtain information (Churches use positions i.e. Finance Chair): \_\_\_\_\_

D. Name(s) of authorized signers for check requests: \_\_\_\_\_

E. Preliminary Form Completed By: \_\_\_\_\_

**Documentation (to be completed by office):**

Permanent Trust/ Fund Management Date Mailed: \_\_\_\_\_ Date Signed \_\_\_\_\_

Other \_\_\_\_\_