



## NEW CLIENT ACCOUNT APPLICATION

### SECTION 1: ORGANIZATION DETAILS

Name of Organization: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State of Incorporation: \_\_\_\_\_ Affiliated with the United Church of Christ? (circle one): YES NO

*If not affiliated with the UCC, please provide denominational affiliation or other proof of 501c3 status.*

Type of Organization (Check one):

Local Church  Conference / Association  Health / Human Services Organization (CHHSM)

UCC National Ministry  Camp/Outdoor Ministry  Educational Institution  National Denomination

### SECTION 2: AUTHORIZED OFFICER RESOLUTION

Be it resolved that the organization named above hereby authorizes its \_\_\_\_\_  
(Title and Name, First Officer) and \_\_\_\_\_ (Title and Name, Second Officer) and  
others listed by name and title below to establish one or more investment accounts with United Church Funds to be  
invested in any of its fund options. Any future transactions related to the organization's current or future accounts  
may be authorized by the either then-current \_\_\_\_\_ (Title, First Officer) and \_\_\_\_\_  
(Title, Second Officer) and others as named through written instruction to UCF. All individuals authorized by this  
resolution shall act as fiduciaries and in compliance with all applicable state and federal laws governing activities of  
fiduciaries and non-profit organizations.

The organization may include a copy of meeting minutes, organizational constitution or bylaws to confirm  
authorization of officers. UCF will keep any documents provided on file.

#### Signatures:

Print Name, First Officer: \_\_\_\_\_ Title: \_\_\_\_\_

Signature, First Officer: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name, Second Officer: \_\_\_\_\_ Title: \_\_\_\_\_

Signature, Second Officer: \_\_\_\_\_ Date: \_\_\_\_\_

#### Notary Certification:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Medallion: \_\_\_\_\_

State Registration Information: \_\_\_\_\_

### SECTION 3: TRANSFERS TO/FROM EXTERNAL FINANCIAL INSTITUTIONS

To establish banking instructions for deposits and/or withdrawals between UCF accounts and your organization's financial institution, please provide the following information. Transactions are processed in 3-5 business days.

#### Financial Institution Information

Financial Institution Name: \_\_\_\_\_

Financial Institution Address: \_\_\_\_\_

Financial Institution Routing Number: \_\_\_\_\_

Client Account Number at Financial Institution: \_\_\_\_\_

**Please Attach a voided check or other confirmation of banking information.**

#### Banking Authorization

The following organization authorizes United Church Funds to process all deposits and withdrawals, including all income distributions, by Electronic Funds Transfer (EFT) to/from the financial institution information listed above.

Authorized Officer Name: \_\_\_\_\_ Signature: \_\_\_\_\_

2<sup>nd</sup> Authorized Officer Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Organization Name: \_\_\_\_\_ City and State: \_\_\_\_\_

Officer Email: \_\_\_\_\_ Phone: \_\_\_\_\_

### SECTION 4: ESTABLISH INVESTMENT ACCOUNTS

This section of the application establishes one or more investment accounts. Please complete Section 5 to allocate to investment funds.

Account Name	Approximate Dollar Amount	Quarterly Dividends Reinvested/Paid

## SECTION 5: INVESTMENT ALLOCATION INSTRUCTIONS

This section provides UCF with the organization’s initial investment allocation instructions.

Organization Name: \_\_\_\_\_ City and State: \_\_\_\_\_

Account Name: \_\_\_\_\_ (per Section 4)

If multiple accounts are listed in Section 4, check here to allocate all accounts identically. \_\_\_ If accounts are to be allocated differently, include separate instructions for each account.

If this is a new investment account, check here if you wish to establish Dollar Cost Average strategy.

If Dollar Cost Average strategy is selected, include the amount of months here: \_\_\_\_\_. Note that assets will be held in the UCF Cash & Equivalent Fund, with equal installments allocated monthly to the investment funds noted below.

### Select the UCF investment fund(s) to which you wish to allocate assets:

	Dollar Amount (\$)	OR	Percentage (%)
UCF Balanced Fund	_____		_____
UCF Beyond Fossil Fuels Balanced Fund	_____		_____
UCF Alternatives Balanced Fund *	_____		_____
UCF Total Equity Fund	_____		_____
UCF Fixed Income Fund	_____		_____
UCF Domestic Core Equity Fund	_____		_____
UCF Beyond Fossil Fuels Equity Fund	_____		_____
UCF International Equity Fund	_____		_____
UCF Small Cap Equity Fund	_____		_____
UCF Alternatives Fund * *	_____		_____
UCF Cash & Equivalents Fund	_____		_____
<b>TOTALS</b>	_____		_____

\* UCF Alternatives Balanced Fund offers monthly liquidity and will be processed accordingly.

\*\* UCF Alternatives Fund offers quarterly liquidity and will be processed accordingly.

### Allocation Authorization

The following organization authorizes United Church Funds to process all deposits and withdrawals, including all income distributions, by Electronic Funds Transfer (EFT) to/from the financial institution information listed above.

Authorized Officer Name: \_\_\_\_\_ Signature: \_\_\_\_\_

2<sup>nd</sup> Authorized Officer Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Organization Name: \_\_\_\_\_ City and State: \_\_\_\_\_

Officer Email: \_\_\_\_\_ Phone: \_\_\_\_\_