



CTF ACCOUNT TRANSITION FORM

SECTION 1: ORGANIZATION DETAILS

Name of Church/Organization: _____

State: _____ Zip: _____

Street Address: _____ City: _____

Mailing Address (if different from street address): _____

State of Incorporation: _____ (if different from physical address listed above)

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.

Signatures:

Print Name, First Officer: _____ Title: _____

Signature, First Officer: _____ Date: _____

Print Name, Second Officer: _____ Title: _____

Signature, Second Officer: _____ Date: _____

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

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: _____

2nd Authorized Officer Name: _____ Signature: _____

Organization Name: _____ City and State: _____

Officer Email: _____ Phone: _____

SECTION 4: CONTACT INFORMATION

For any questions about your account, please contact CTF@ucfunds.org, 877-612-8798 or UCF Institutional Relationships Team:

Matthew Wagner
Vice President, Institutional Relationships
Tel: (332) 219-8760
Email: matt.wagner@ucfunds.org

Stacey L. Pettice
Executive, Institutional Relationships
Tel: (332) 219-8759
Email: stacey.pettice@ucfunds.org

Kelsey Rose
Associate, Institutional Relationships
Tel: (332) 278-6040
Email: kelsey.rose@ucfunds.org