

## QUARTERLY INCOME PREFERENCE

To change the receipt of quarterly interest and dividends, please provide the following information. Once complete instructions are received, changes will be made in the following quarter. Send the completed form to UCF's Client Services team at [info@ucfunds.org](mailto:info@ucfunds.org).

### 1. PROVIDE THE UCF ACCOUNT INFORMATION (all required fields)

Organization Name: \_\_\_\_\_

Account Number	Current Preference	New Preference
	<input type="checkbox"/> Reinvest   Or <input type="checkbox"/> Paid Out	<input type="checkbox"/> Reinvest   Or <input type="checkbox"/> Paid Out
	<input type="checkbox"/> Reinvest   Or <input type="checkbox"/> Paid Out	<input type="checkbox"/> Reinvest   Or <input type="checkbox"/> Paid Out
	<input type="checkbox"/> Reinvest   Or <input type="checkbox"/> Paid Out	<input type="checkbox"/> Reinvest   Or <input type="checkbox"/> Paid Out
	<input type="checkbox"/> Reinvest   Or <input type="checkbox"/> Paid Out	<input type="checkbox"/> Reinvest   Or <input type="checkbox"/> Paid Out
	<input type="checkbox"/> Reinvest   Or <input type="checkbox"/> Paid Out	<input type="checkbox"/> Reinvest   Or <input type="checkbox"/> Paid Out
	<input type="checkbox"/> Reinvest   Or <input type="checkbox"/> Paid Out	<input type="checkbox"/> Reinvest   Or <input type="checkbox"/> Paid Out
	<input type="checkbox"/> Reinvest   Or <input type="checkbox"/> Paid Out	<input type="checkbox"/> Reinvest   Or <input type="checkbox"/> Paid Out
	<input type="checkbox"/> Reinvest   Or <input type="checkbox"/> Paid Out	<input type="checkbox"/> Reinvest   Or <input type="checkbox"/> Paid Out

### 2. AUTHORIZATION INFORMATION

Officer Name: \_\_\_\_\_

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