



Free Methodist Investment and Loan Fund

Distribution Request Form

Per the terms of the below named account, please make the following distribution(s):

I. FMLF ACCOUNT INFORMATION- required

Account Name: \_\_\_\_\_

Account #: \_\_\_\_\_ Suffix: \_\_\_\_\_

II. DISTRIBUTION TYPE- select only one option

- One-time distribution in the amount of \$ \_\_\_\_\_
Full Distribution to close the account – approximate amount of \$ \_\_\_\_\_
Recurring periodic distribution in the amount of \$ \_\_\_\_\_ or interest\*
Frequency: Monthly Quarterly
Start Date (circle one): 15th of the month 30th of the month
Check here if this is a change to a periodic distribution instruction currently in effect.

\*Interest distributions are only made at month end or quarter end.

III. PAYMENT METHOD- select only one option

- Mail check to address of record
ACH to bank account per standing instructions on file at FMF
Wire to bank account per standing instructions on file at FMF \*\*\*\$15 CHARGE\*\*\*
ACH to bank account per new instructions (please fill out Bank Account Information form)
Wire to bank account per new instructions (please fill out Bank Account Information form) \*\*\*\$15 Charge\*\*\*

IV. SIGNATURE(S) –

Please Note: If this is a recurring distribution, by signing below, I/we understand that 1) this authorization form will remain in effect until further written instructions are given; 2) adjustment entries are authorized to correct errors; 3) if the 15th or 30th land on a weekend the distribution will be withdrawn on the next business day.

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

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

Return to: The Free Methodist Foundation, PO Box 580, Spring Arbor, MI 49283 Fax: 517-750-2752 Phone: 800-325-8975

Revised:5/12/2011