



CTUCC Consolidated Trust Funds
 NHCUCC Consolidated Investment Fund
 P.O. Box 588 · Portland, ME 04112

**UNITED CHURCH
 OF CHRIST**

Account Information Form

1. INITIAL INVESTMENT (For New Investments Only)

Select one or more fund:

- Total Return Fund \$ _____ (\$2,500 minimum)
- Eden Fund \$ _____ (\$2,500 minimum)

Choose the payment method:

- Check: I have enclosed a check in the amount of \$ _____ (make check payable to "Consolidated Investment Fund").
- Wire or ACH: My investment will be in the amount of \$ _____ (call (844) 209-4631 for wire/ACH instructions).

2. ACCOUNT TYPE

Please input the Tax Identification Number:

- Tax Identification Number
 _____ - _____

Please select the account type below:

- Corporation
- Other
 Describe entity _____

3. ACCOUNT INFORMATION

Name of Entity _____ Account Name(s) _____

Additional Account Name(s) _____

Mailing Address _____

City _____ State _____ Zip Code _____

E-Mail Address _____ Telephone Number _____

Authorized Person Name _____ Authorized Person Telephone Number _____

Authorized Person Name _____ Authorized Person Telephone Number _____

4. TELEPHONE AUTHORIZATION

Unless telephone exchanges and/or redemptions are declined below, I (we) hereby authorize and direct the Transfer Agent to accept and act upon telephone instructions for exchanges and/or redemptions involving an account with a corresponding registration. I (we) also agree that neither the Funds nor the Transfer Agent will be liable for any loss, cost or expense for acting upon any telephone instructions if it follows reasonable procedures in order to verify that telephone requests are genuine.

- I (We) **DO NOT** authorize telephone exchanges.
- I (We) **DO NOT** authorize telephone redemptions.

5. DIRECTORS AND OFFICERS

Please list all Directors and Officers. Attach a separate piece of paper listing additional Directors and Officers if needed.

Director/Officer Name	Telephone Number	Email Address
Director/Officer Name	Telephone Number	Email Address
Director/Officer Name	Telephone Number	Email Address
Director/Officer Name	Telephone Number	Email Address
Director/Officer Name	Telephone Number	Email Address
Director/Officer Name	Telephone Number	Email Address
Director/Officer Name	Telephone Number	Email Address
Director/Officer Name	Telephone Number	Email Address
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Director/Officer Name	Telephone Number	Email Address

6. INCOME DISTRIBUTION PAYMENT OPTIONS

- Full Reinvestment: Reinvest all income distributions when paid.
- Cash: Pay all income distributions in cash.
 - Send cash payments by check mailed to the address of record.
 - Send cash payments by Electronic Funds Transfer according to the banking instructions listed in Section 7.

Please note that if none of the boxes are checked, Participants are assigned the Full Reinvestment option.

7. SYSTEMATIC WITHDRAWAL PLAN (Optional)

- Systematic Withdrawal Plan
 - Redeem \$_____ per month
 - Check mailed to the address of record.
 - Electronic Funds Transfer to the banking instructions listed in Section 7.

8. BANK ACCOUNT INFORMATION (Optional)

Check type of account (please attach a voided check): *Checking Account* *Savings Account*

Name of Bank ABA Routing Number Account Number

Name on Bank Account

Bank Account Owner(s) Address (if different from address in section 3) City State ZIP Code

9. DUPLICATE MAILING ADDRESS (Optional)

Only complete below if you would like duplicate copies of your statements and transaction confirmations mailed to another party.

Name

Street Address and Apartment Number

City State Zip Code

10. SIGNATURE AND CERTIFICATIONS

The Participant certifies that the Participant is exempt from federal income tax pursuant to Section 501(c)(3) of the Internal Revenue Code and is not a private foundation under Section 509 of the Internal Revenue Code.

Under the penalties of perjury, by signing this Agreement the Participant hereby certifies, represents and warrants that the Taxpayer ID Number set forth above is the Participant's true, correct and complete Taxpayer ID Number and that the information given in the immediately preceding provision of this Section 3 is true, correct and complete.

The Participant will notify the Trustee within 30 days of any change in the information set forth in this Section.

Certification of Authority

The trustee, corporate officer or other representative signing on behalf of the Participant entity certifies that he or she has full power and authority to execute this Agreement on behalf of the entity, and that the making and performance of this Agreement is not prohibited by law or the governing documents of such entity.

Signature Title or Capacity (if applicable) Date (mm/dd/yyyy)

Print Name

11. MAILING INSTRUCTIONS AND CONTACT INFORMATION

Regular Mail To:

Consolidated Investment Fund
P.O. Box 588
Portland, ME 04112

Overnight Express Mail To:

Consolidated Investment Fund
c/o Atlantic Fund Services
Three Canal Plaza, Ground Floor
Portland, ME 04101

If you have any questions, please call (844) 209-4631 (toll-free)

