



Transaction/Change Directive - Church/Organization

For Office Use Only			
Date _____	Request taken by _____		
Phone <input type="checkbox"/>	Email <input type="checkbox"/>	Mail/Fax <input type="checkbox"/>	

Section I: Account Information

Name of Church/Organization _____		
()		
Primary Contact Number _____	Requested Effective Date _____	E-mail Address _____
Account Number _____	Certificate Number _____	Reason for Change Request _____

Section II: Transaction

<i>Transaction Request</i>	<input type="checkbox"/> Deposit \$ _____ <input type="checkbox"/> by Check # _____ <input type="checkbox"/> By EFT	<input type="checkbox"/> Withdrawal \$ _____ <input type="checkbox"/> by Check <input type="checkbox"/> By EFT on File <input type="checkbox"/> One-time EFT
Comments / Special Instructions		
<i>Account Change Request</i>	<input type="checkbox"/> Contact information/Address change <input type="checkbox"/> Beneficiary change (please fill out and attach the Beneficiary Designation Form)	
Contact Name : _____ ALT/Phone Number : _____		
Address: _____		
City: _____ State: _____ Zip: _____ Email: _____		
<i>Certificate Renewal Change Request</i>	<input type="checkbox"/> Upon Maturity, Renew Certificate # _____ for a term of _____ <input type="checkbox"/> Months Upon Maturity, DO NOT Redeem Certificate # _____	
<i>Change Request Transaction</i>	<input type="checkbox"/> Interest payment change (<i>Change how interest payments are remitted</i>) <input type="checkbox"/> Reinvest in Certificate # _____ <input type="checkbox"/> Paid by check <input type="checkbox"/> Paid by electronic funds transfer (EFT)	

ONE -TIME EFT TRANSFER - PLEASE ATTACH A VOIDED CHECK

Name on Bank Account	
Bank Name _____	Account # _____
ABA/TRN # _____	Account Type <input type="checkbox"/> Savings <input type="checkbox"/> Checking

Section III: Signatures

Virginia United Methodist Development Company, LLC, will not process your Transaction/Change Request unless the form is completed and signed below. Please refer to your Offering Circular for any questions regarding the Virginia United Methodist Development Company, LLC operational procedures. By signing below, you agree to the terms and conditions set forth on your original Investment Application.

Name of 1st Authorized Signer _____	Name of 2nd Authorized Signer _____
1st Authorized Signer's Signature	2nd Authorized Signer's Signature
Date _____	Date _____

Please return this form to Virginia United Methodist Development Company.
If investing by check, please make the check payable to Virginia United Methodist Development Company, LLC.