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**Participant Agreement to Change Annual Allocation  
Collective Investment Funds of Michigan, LLC**

The undersigned participant submits this agreement to the United Methodist Foundation of Michigan regarding the allocation of account number(s) \_\_\_\_\_.

**The money is to be invested as follows:**

\_\_\_\_\_ 100% Balance Fund

**OR Specify Percentages Below (To be equal to 100%)**

\_\_\_\_\_ % Stock Fund  
\_\_\_\_\_ % Bond Fund  
\_\_\_\_\_ % Money Market Investment Account  
**100 % Total**

Rebalance the account annually to the above allocation? Yes \_\_\_\_\_ NO \_\_\_\_\_

**Authorized Signatures**

Date: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Contact Info: \_\_\_\_\_

Date: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Contact Info: \_\_\_\_\_

