



# CHURCH OF THE NAZARENE FOUNDATION

17001 Prairie Star Pkwy, Ste. 200  
Lenexa, KS 66220  
(913) 577-2983

## INVESTMENT MANAGEMENT ACCOUNT APPLICATION

### I. ORGANIZATION INFORMATION

Full Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Contact Person \_\_\_\_\_ Email \_\_\_\_\_

Our organization would like to receive statements via:  Online portal  Mail

### II. NAME THE FUND

You may choose to name your fund. (E.g. Kansas City First Church Reserve Fund or Kansas City First Church Investment Account).

\_\_\_\_\_  
*Investment Management Account Name*

### III. INITIAL CONTRIBUTION *(Check One)*

(There is a \$10,000 minimum starting amount for all Investment Management Accounts)

- I will be paying by check payable to Church of the Nazarene Foundation in the amount of \$\_\_\_\_\_
- I wish to have \$\_\_\_\_\_ transferred directly from our organization's account (*must fill out ACH form*)

### IV. ASSET ALLOCATION SELECTION (See asset allocation models document for further details on investment options)

The Client instructs the Foundation to invest the Assets in the below indicated asset allocation model(s) by investing in the specific Securities (and relative percentages of same) determined from time to time by the Investment Committee to comprise such asset allocation model(s).

*Indicate how you wish assets to be invested:*

All Fixed Income	_____ %	Growth & Income	_____ %
High Income	_____ %	Growth	_____ %
Income	_____ %	Aggressive Growth	_____ %
Income & Growth	_____ %	Aggressive	_____ %

### Organization's Authorized Signature Agent:

Print Name: \_\_\_\_\_

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

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