



United Methodist Foundation of the  
 Northern Illinois Conference, Inc.  
 77 West Washington Street, Suite 1820  
 Chicago, Illinois 60602  
 Phone: 312-334-0703 • Fax: 312-346-9730  
 Email: cwalters@umfnic.org

**SEND THIS  
 FORM TO  
 THE UM  
 FOUNDATION**

### SECURITIES GIFT INSTRUCTIONS

I/we hereby authorize the Foundation to sell the securities described below and to distribute the proceeds using the following instructions:

1. \_\_\_\_\_  
 Owner/Custodian of Securities (individuals, church’s or organization’s name, or revocable living trust name, etc.)
  
  2. \_\_\_\_\_  
 Owner/Custodian Street Address
  
  3. \_\_\_\_\_  
 Owner/Custodian Phone #
  
  4. \_\_\_\_\_  
 Name of Security
  
  5. \_\_\_\_\_  
 Name of beneficiary church, agency, organization, or fund that will benefit from the sale
  
  6. \_\_\_\_\_  
 Address of beneficiary church, agency, organization, or fund that will benefit from the sale
  
  7. \_\_\_\_\_  
 How are proceeds to be distributed? For example, a “check” to my local church / beneficiary organization, “deposited” into a church / organization account at the Foundation, or “added” to a Foundation Fund (name the fund above), etc.
- If being deposited into the beneficiary’s account held at the Foundation, provide:
- |                |              |                        |
|----------------|--------------|------------------------|
|                |              |                        |
| Account Number | Account Name | Fund to be invested in |
8. \_\_\_\_\_  
 Specific purpose the proceeds are to be used for (e.g. tithe, pledge, missions, capital campaign, general operations etc.)
  
  9. Is the donor of this gift to remain anonymous?     Yes     No
  
  10. Any other information about this transaction that the Foundation should know:  
 \_\_\_\_\_  
 \_\_\_\_\_

I understand that the securities will be sold as soon as practical, and the proceeds (less brokerage commission and other possible fees) will be distributed according to my instructions above.

Signature of Owner/Custodian	Date Signed	Co-Owner/Custodian (if applicable)	Date Signed

**Mail, fax, or email this form** to the Foundation using the contact information on the top of this form.