

The New Hampshire Conference of the United Church of Christ
Consolidated Investment Fund
Transaction Request

Church Name: _____

Account Name: _____

Account Number: _____ **Date:** _____

(Account numbers are listed on monthly reports.)

Action: Deposit Withdrawal/Transfer Change in monthly distribution
(One action per request. Please fill out appropriate section below.)

Amount of Deposit: \$ _____

Enclose check made at to “Consolidated Investment Fund” or “CIF”. Checks must be received three business days before the last business day of the month for processing in that month. Exceptions may be made at the discretion of CIF.

Amount of Withdrawal/Transfer: \$ _____

Distribution: Check Send to the attention of: _____

Electronic Fund Transfer (EFT) Transfer to CIF account: _____

Checks will be made out to and mailed to the church. EFTs will be made according to the instructions on file.

Change in monthly distribution:

New monthly amount: \$ _____ Future Effective date: _____

Name of authorized person: _____

Telephone: _____ **E-mail address:** _____

Return Form To:

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

Overnight Delivery:
Consolidated Investment Fund
Attn: Transfer Agent, Atlantic Fund Services
3 Canal Plaza, Ground Floor
Portland, ME 04101

Fax Number: 207.347.2195

Toll-Free Number: 844.209.4631