

# MoA Funds™ Account Options Form

Use this form to add automatic account options or ACH/wire banking instructions to an existing MoA Funds account.  
For assistance, please call 800-914-8716.

## 1. Account Identification

All information in this section is required unless otherwise noted.

Primary Owner Name (first/initial/last)

Social Security Number / Tax ID

Joint Owner Name (first/initial/last)

Social Security Number / Tax ID

Account Number(s)

## 2. Automatic Account Options

### Automatic Plans

Shareholders may purchase, redeem, and/or exchange shares automatically on a monthly, bimonthly, quarterly or annual basis (**subject to \$50.00 minimum.**)

If no fund is indicated, your investment will be credited to/withdrawn from the MoA US Gov Money Market Fund.

\* If this option is selected, a **notarized signature** is required in Section 4.

\*\*Your bank may charge an additional fee to receive the wire.

### Automatic Investment Plan

I would like the plan to begin the month of \_\_\_\_\_ 20 \_\_\_\_\_. Please have the amount indicated below withdrawn from my bank account noted under Bank Information, Section 2, of this document and invested in the MoA Fund(s) listed below.

Fund \_\_\_\_\_ \$ \_\_\_\_\_

☐ Once per month on the \_\_\_\_ day.

☐ Twice per month on the \_\_\_\_ & \_\_\_\_.

Fund \_\_\_\_\_ \$ \_\_\_\_\_

☐ Quarterly on the \_\_\_\_ (Mar, Jun, Sep, Dec).

☐ Annually on the \_\_\_\_ day of \_\_\_\_\_.  
Month

### Systematic Withdrawal Plan

I would like the plan to begin the month of \_\_\_\_\_ 20 \_\_\_\_\_. Please have the amount indicated above:

Fund \_\_\_\_\_ \$ \_\_\_\_\_

☐ Once per month on the \_\_\_\_ day.

☐ Twice per month on the \_\_\_\_ & \_\_\_\_.

Fund \_\_\_\_\_ \$ \_\_\_\_\_

☐ Quarterly on the \_\_\_\_ (Mar, Jun, Sep, Dec).

☐ Annually on the \_\_\_\_ day of \_\_\_\_\_.  
Month

Please have the amount indicated above:

☐ mailed to me by check to the address of record, or

☐ deposited into my bank account of record

☐ mailed to alternate Address/Payee at the address listed below\*:

Payee Name

Address

City

State

Zip Code

☐ deposited into the new bank information listed in Section 3.\*

☐ ACH (Electronic Funds Transfer) ☐ Wire\*\*

### Automatic Exchange Program

You may make regular, automatic withdrawals from a MoA Fund to benefit from dollar-cost averaging by automatically making purchases into another MoA Fund.

I would like the plan to begin the month of \_\_\_\_\_ 20 \_\_\_\_\_. Please select how often you would like to have the amount shown below withdrawn from your MoA Fund and invested into the selected MoA Fund(s).

From: \_\_\_\_\_  
Fund Name Amount

☐ Once per month on the \_\_\_\_ day.

☐ Twice per month on the \_\_\_\_ & \_\_\_\_.

To: \_\_\_\_\_  
Fund Name

☐ Quarterly on the \_\_\_\_ (Mar, Jun, Sep, Dec).

☐ Annually on the \_\_\_\_ day of \_\_\_\_\_.  
Month

From: \_\_\_\_\_  
Fund Name Amount

To: \_\_\_\_\_  
Fund Name

### 3. Bank Information (Optional)

Please provide your bank information if you wish to have redemption proceeds or dividends and capital gains distributions sent directly to your bank OR if you are establishing account options in Section 2.

#### Important:

The signature of any bank account owner(s) not listed as owner of this MoA Funds account is required.

At least one MoA Funds account owner must be a bank account owner.

Please tape a voided check here. Please do not staple.

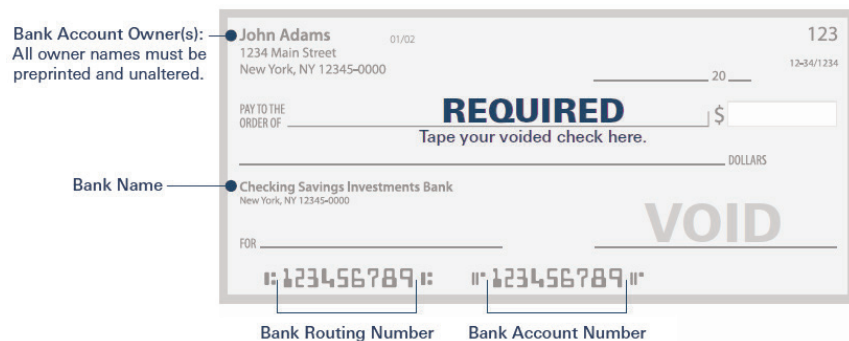
By completing this bank information, the bank account owner(s) agree(s) to indemnify and hold harmless the bank/ credit union and MoA Funds for any loss, liability, or expense incurred from acting on these instructions.

Bank account owner(s) further agree(s) to waive any right under the NACHA Rules to rescind any ACH investment in or redemption from MoA Funds that has already occurred at the time of the attempt to rescind.

This authorization may be terminated at any time by written notification to MoA Funds by the bank account owner(s).

#### A voided check or deposit slip is required to establish bank instructions (please do not staple).

- Temporary or starter checks, brokerage checks, and credit card check writing checks are not accepted.
- In lieu of a voided check, a letter on the bank's letterhead and signed by a bank representative that indicates the bank account owner(s), routing number, account number, and a branch telephone number for verification may be submitted.
- If a voided company or corporate check is provided, a letter on the bank's letterhead and signed by a bank representative that verifies the authorized signers must be included.
- The MoA Funds account owner's name must be listed as a bank account owner to establish bank instructions with this application.
- If the MoA Funds account owner's name is not also one of the bank owners, bank instructions may be added by completing and having an "Account Options" form signed with a signature guarantee.



**Account Type:** ☐ Checking ☐ Savings

Bank Account Owner(s)

Bank Account Number

Wire - Bank Routing Number (9 digits)

ACH - Bank Routing Number (9 digits)

Name of Bank

Address of Bank (do not use P.O. Box)

City

State

Zip Code

Branch Phone (Area Code + Number)

Signature(s) of all Bank Account Owner(s), if different than MoA Funds account ownership.

## 4. Signatures

Please read this section carefully and have all registered owners sign.

Please note the maximum ACH purchase is \$50,000.

I understand that MoA Funds will establish a link between my MoA Funds account and the bank account listed in Section 2, if applicable. I authorize MoA Funds to set up the account options I am requesting. In giving my authorization, I certify that I have reviewed the information carefully, and that what I have provided is correct. I acknowledge that have authority over the bank account listed in Section 2, if applicable, and authorize MoA Funds to debit the account accordingly.

I acknowledge that this authorization may be revoked only by providing written notice.

\_\_\_\_\_  
Signature of Primary Owner, Trustee

\_\_\_\_\_  
Date (mm/dd/yyyy)

\_\_\_\_\_  
Print Name and Title (if applicable)

\_\_\_\_\_  
Signature of Joint Owner, Co-Trustee

\_\_\_\_\_  
Date (mm/dd/yyyy)

\_\_\_\_\_  
Print Name and Title (if applicable)

### Signature(s)/Notary

All New and Existing Trustees or Authorized Agents must sign and date below. By signing below, you certify that the information contained in this form is true and correct. You understand that MoA Funds is relying on this information to maintain your mutual fund account(s).

- If additional signatures are required, attach additional signature/notary page.
- Each signature must be notarized separately.

\_\_\_\_\_  
Printed name of Trustee/Authorized Agent

**X**

\_\_\_\_\_  
Signature of Trustee/Authorized Agent

\_\_\_\_\_  
Date (mm/dd/yyyy)

\_\_\_\_\_  
Title of Trustee/Authorized Agent

Certificate of Acknowledgement of Notary Public Must be a U.S. Notary. Foreign notary or foreign consular seals may NOT be substituted.

In the State of \_\_\_\_\_, County of \_\_\_\_\_, subscribed and sworn to before me, the undersigned notary, on the date indicated below next to my signature, by the above-named Trustee/Authorized Agent who is personally known to me or who has produced \_\_\_\_\_ as identification, who states that the foregoing statements were personally known by the Trustee/Authorized Agent to be true, accurate, and were made of his or her own free act and deed.

#### Mailing Instructions

Starting on March 17, 2025, our mailing addresses will be as follows:

##### Regular Mail

MoA Funds  
PO Box 534499  
Pittsburgh, PA 15253-4499

##### Wire Instructions

Starting on March 17, 2025, our wiring instructions will be as follows:

##### Bank:

##### ABA NUMBER:

##### DDA:

##### FBO:

##### Reference:

Bank of New York

011001234

0000024821

MoA Funds

Shareholder Name, Account Number, and Fund Name

\_\_\_\_\_  
Printed name of Trustee/Authorized Agent

**X**

\_\_\_\_\_  
Signature of Trustee/Authorized Agent

\_\_\_\_\_  
Date (mm/dd/yyyy)

\_\_\_\_\_  
Title of Trustee/Authorized Agent

Certificate of Acknowledgement of Notary Public Must be a U.S. Notary. Foreign notary or foreign consular seals may NOT be substituted.

In the State of \_\_\_\_\_, County of \_\_\_\_\_, subscribed and sworn to before me, the undersigned notary, on the date indicated below next to my signature, by the above-named Trustee/Authorized Agent who is personally known to me or who has produced \_\_\_\_\_ as identification, who states that the foregoing statements were personally known by the Trustee/Authorized Agent to be true, accurate, and were made of his or her own free act and deed.

FOR ASSISTANCE CALL: 800-914-8716

REGULAR MAIL: MoA Funds, PO Box 534499, Pittsburgh, PA 15253- 4499

OVERNIGHT DELIVERY: MoA Funds, Attention: 534499, 500 Ross Street 154-0520, Pittsburgh, PA 15262

The MoA Funds are distributed by Foreside Fund Services, LLC.