



Form C
 -Requires ink signature and
 must be mailed.

**Endowment Fund of the
 Evangelical Lutheran Church in America**
 8765 West Higgins Road Chicago, Illinois 60631
 800/638-3522 or 773/380-2700

CHANGE IN AUTHORIZATION

PLEASE DO NOT SEND ELECTRONICALLY. Mail the original to the ELCA Endowment Fund, 8765 West Higgins Road, Chicago, Illinois 60631.

Participant Number Account Number E Date _____

Date of Participant's Governing Board Action to Authorize Representatives _____

Participant Name _____

Account Name _____

Participant Mailing address (as stated on the Participant Application)

Street Address _____ City _____ State _____ Zip _____

Previously Authorized Participant Representative(s) (as listed on the Participant Application or most recent Change in Authorization)

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

We understand that the Endowment Fund of the ELCA can remit funds only upon the request of authorized individuals. The person(s) occupying the positions authorized to request funds recently changed. We understand that any requests for withdrawals that are not signed by the below listed persons will not be fulfilled. Authorized representative(s) designated by the participant will remain in effect until changed.

Current Authorized Participant Representative(s) (Please have all new and continuing representative(s) sign below.)

Participant requests for change of distribution or for withdrawal must be accompanied by _____ (number) of the signatures below.

Name: _____ Title: _____ Signature: _____

Name: _____ Title: _____ Signature: _____

Name: _____ Title: _____ Signature: _____

AUTHORIZING RESOLUTION

Authorizing Resolution: A Participant must provide this form as proof of an authorizing action by the Participant's governing board that specific individuals are authorized to represent the Participant with regard to the Participant's account. Please insert the names and titles of authorized representatives. Then obtain the notarized signature of the pastor or interim pastor (if Participant is a congregation) or the Chief Executive Officer or equivalent (if Participant is another type of institution), attesting that the named individuals have been approved by the Participant's governing board as authorized representatives.

For existing accounts:

Participant Number | | | | | | | | **Account Number** E | | | | | | | |

For all accounts:

Date of Governing Board's Action to Authorize Representatives: _____

Participant Name _____

Account Name _____

Participant Mailing Address (as stated on the Participant Application):

Street Address _____ **City** _____ **State** _____ **Zip** _____

Authorized Participant Representative(s) (must match those listed on the Participant Application or Change in Authorization forms):

Name: _____ **Title:** _____

Name: _____ **Title:** _____

Name: _____ **Title:** _____

Attestation by Pastor or CEO: I attest that individuals named above are the current authorized representatives for Participant's account.

Name: _____

Title: _____

Signature: _____

Notary Public:

State of _____

County of _____

Signed before me on _____ (date)

by _____ (name of person).

(seal)

signature of notary public