



PARTICIPANT APPLICATION
 (Attach IRS Form W-9)

We request to participate in ELCA Endowment Fund A. We understand that the Endowment Fund of the Evangelical Lutheran Church in America, dba ELCA Foundation, and Trustee of the ELCA Endowment Fund Pooled Trust, has complete and sole discretion in accepting or declining our application. Complete terms and conditions of investment are in the "Confidential Disclosure Statement of the ELCA Endowment Fund A of the ELCA Endowment Fund Pooled Trust" accompanying this application and are hereby incorporated by reference.

I. APPLICANT INFORMATION

Application Date: _____ **Participant/Applicant Name:** _____

Account Name: _____

ELCA Affiliation: Is the applicant an affiliated ministry of the ELCA? Yes No
 Check one: Congregation Synod Other: _____

Federal Tax ID #: _____

Federal Tax Status (choose one): ELCA Group Exemption
 501(c)(3) Exemption (provide proof of exempt status)

Has the applicant ever been denied inclusion in the ELCA Group Exemption? Yes No

Applicant has other ELCA Endowment Fund A accounts: Yes No

Existing Account Name(s) and Number(s): _____

Applicant Mailing Address: _____

Street or P.O. Box: _____

City: _____ **State:** _____ **Zip Code:** _____

Telephone: _____ **Email:** _____

Regional Gift Planner Assisting You: _____

NOTE: Download IRS Form W-9 at www.irs.gov/pub/irs-pdf/fw9.pdf and attach completed form to this application



II. DEPOSIT & DISTRIBUTION SPECIFICATION

Initial Deposit: Amount \$_____ (Minimum initial deposit of \$25,000 required at time of account opening.) Please indicate how your initial deposit will be made:

- Wire Transfer (preferred method).** Email your application and W-9 to elcafoundation@elca.org. A representative from the Foundation will provide you with wire instructions when your account number has been established.
- Check.** Make check payable to Endowment Fund of the ELCA. Mail check, application, and IRS Form W-9 to EFPT Receipts, 8765 West Higgins Road, Chicago, IL 60631-4101. (It may take up to 10 business days to process a check and deposit the funds into your account.)

Deposits made on or after December 1, 2020, will be added to your account in the Fund based on the unit value as determined on the last business day of the month prior to the deposit. No deposit of cash or liquidated proceeds will be made until the Foundation receives the funds and the properly completed Form A.

Distribution Election (choose one):

- Reinvest all quarterly distributions *(We understand if we elect option 1 and we later determine a withdrawal is required, the withdrawal will be processed within ten (10) business days from the date of receipt of a completed Withdrawal Form - Form E)*
- Issue quarterly distributions on or about Mar. 31, June 30, Sept. 30 and Dec. 31
- Issue other distribution as approved by the ELCA Foundation (requires prior approval from Foundation)

Additions to Principal: Participants may make additions to principal at any time. All additions must be accompanied by an Addition to Principal form (Form B). The addition to principal will be converted to units according to the most recent Valuation Date.

Permission for Direct Additions to Principal: We understand that some individuals (i.e., donors to our organization) may contact the Endowment Fund A administrator to make a gift directly to our account. As owner of such account, we must approve such deposits. The Participant's chief executive (i.e., president, senior pastor, bishop) agrees to such deposits by initialing the following statements:

- _____ The ELCA Foundation, as administrator for Endowment Fund A, may deposit contributions which are designated for the above-named account.
- _____ The Participant will inform donors that deposits made directly to the above-named account are made to a fund owned by the Participant and not a fund owned by the ELCA.
- _____ Formal receipting of the gift for income tax purposes will be provided by the ELCA Foundation. Any acknowledgement made by the Participant will not include information that could be considered a receipt.

Request for Online Account Access: Online access is limited to view-only access of statements.

We request online access. Send instructions for access to:

Name: _____ Email: _____



III. AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

Our organization hereby authorizes the ELCA Foundation to initiate Automated Clearing House (ACH) credit entries and/or correcting debit entries to our bank account for Endowment Fund Pooled Trust distributions and/or other withdrawals. **PLEASE ATTACH A VOIDED CHECK TO THIS APPLICATION.**

Account Information:

Checking Account Savings Account Other: _____

Financial Institution Name: _____

City: _____ State: _____ Zip Code: _____

Bank's transit routing number: _____ Account number: _____

Congregation's Federal Employee Identification Number (EIN): _____

IV. AUTHORIZING RESOLUTION & CERTIFICATION

The following individuals are authorized by the governing body of Participant to engage in all matters associated with this account. Please note: If a change in the individuals authorized to act occurs, Participant must complete Form C: Change in Authorization. The original must be received by the ELCA Foundation for it to take effect.

Authorized Participant Representative(s):

Number of signatures are required for withdrawals or changes in distribution (choose one):

1 2 3

By signing below, I/we acknowledge I/we received, read, and understand the most recently published Confidential Disclosure Statement of Endowment Fund A and understand the risk factors in investing in Endowment Fund A. I/we further understand that the Endowment Fund of the ELCA can remit funds only upon the request of Authorized Participant Representative(s).

1. Name: _____ **Title:** _____

Signature: _____ **Email:** _____

2. Name: _____ **Title:** _____

Signature: _____ **Email:** _____

3. Name: _____ **Title:** _____

Signature: _____ **Email:** _____



Notary Attestation

Attestation by Pastor or CEO:

I, _____ (name), as _____ (title) of
 _____ (organization) attest that the
 individual(s) named above are the authorized representatives for this account.

 Signature
 Date: _____

STATE OF _____

COUNTY OF _____

On this _____ day of _____, 20____, before me, the undersigned notary public, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed above and acknowledged to me that he/she/they executed the same in his/her/their capacity, and that by his/her/their signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

 Notary Public
 My commission expires: _____

For ELCA Foundation Use Only:

Participant Number: _____ Account Number: **E** _____

Voided check received

W-9 received