



CHANGE IN AUTHORIZATION

Please mail this signed and executed Form C to: ELCA Foundation, 8765 West Higgins Road, Chicago, IL 60631.

ACCOUNT INFORMATION

Date: _____

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

Participant Name: _____

Account Name: _____

Participant Mailing Address: (as stated on the Participant Application) OR Check here if address is new

Street/P.O. Box: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

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. **Newly named Authorized Participant Representative(s) will not be recognized until the ELCA Foundation receives your completed original Form C by mail.**

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: _____