



## 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: \_\_\_\_\_