



## CHANGE IN DISTRIBUTION ELECTION

A participant may choose at any time to change its distribution election. A change in distribution can be made by submitting this completed form to the Endowment Fund of the ELCA. The change will be effective on the next subsequent distribution date after the completed form is received by the ELCA Foundation. This form may be submitted electronically to [elcafoundation@elca.org](mailto:elcafoundation@elca.org).

**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 Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**NEW DISTRIBUTION ELECTION (Choose One):**

Reinvest all quarterly distributions into this account

Receive quarterly distributions to be made on or about Mar. 31, Jun. 30, Sept. 20, and Dec. 31

OPTION: Deposit to account at Mission Investment Fund of the ELCA:

Account Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

**REQUIRED AUTHORIZED PARTICIPANT REPRESENTATIVE SIGNATURE(S):** Required signers must match those listed on Form A: Participant Application or most recent Form C: Change in Authorization.

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

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**FOR OFFICE USE ONLY:**

Reset distribution to:

Verify Signatures: