



Office Use Only	
Customer #	

## Authorized Signature Record for Institutional Certificate Investors

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Name of Church or Organization \_\_\_\_\_

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Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

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Customer Number \_\_\_\_\_ Date \_\_\_\_\_

We understand that our organization must complete a new Authorized Signature Record containing all authorized persons signatures when 1) any new person is authorized to act on behalf of the organization or 2) rescinding authority by a current signatory to act on behalf of the organization.

Pursuant to the authority vested in me by Resolution dated \_\_\_\_\_, I hereby certify that the following \_\_\_\_\_ individuals are hereby authorized to sign on behalf of the above-named account and have (number of names listed below) been duly authorized and empowered by the organization stated above to act on its behalf. Any one individual person's signature shall be required to conduct transactions on this account

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Name of Organization Officer \_\_\_\_\_ Title of Officer \_\_\_\_\_

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Signature of Officer \_\_\_\_\_ Date \_\_\_\_\_

### Authorized Signatories

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Name \_\_\_\_\_ Signature \_\_\_\_\_

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Title with Organization \_\_\_\_\_ Email Address \_\_\_\_\_ Phone Number \_\_\_\_\_

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Name \_\_\_\_\_ Signature \_\_\_\_\_

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Title with Organization \_\_\_\_\_ Email Address \_\_\_\_\_ Phone Number \_\_\_\_\_

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Name \_\_\_\_\_ Signature \_\_\_\_\_

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Title with Organization \_\_\_\_\_ Email Address \_\_\_\_\_ Phone Number \_\_\_\_\_

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Name \_\_\_\_\_ Signature \_\_\_\_\_

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Title with Organization \_\_\_\_\_ Email Address \_\_\_\_\_ Phone Number \_\_\_\_\_