



Office Use Only	
Customer #	

Authorized Signature Record for Institutional Certificate Investors

Name of Church or Organization _____

Street Address _____ City _____ State _____ Zip Code _____

Phone Number _____ Fax Number _____

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

Name of Organization Officer _____ Title of Officer _____

Signature of Officer _____ Date _____

Authorized Signatories

Name _____ Signature _____

Title with Organization _____ Email Address _____ Phone Number _____

Name _____ Signature _____

Title with Organization _____ Email Address _____ Phone Number _____

Name _____ Signature _____

Title with Organization _____ Email Address _____ Phone Number _____

Name _____ Signature _____

Title with Organization _____ Email Address _____ Phone Number _____