

MISSOURI BAPTIST FOUNDATION
Signature Authorization

Name of Investing Organization: _____ (“Participant”)
Address: _____

Account Name: _____
Account No. _____
Date: _____
Phone: _____
Fax: _____
Email: _____

I, the undersigned, am duly authorized to certify, on behalf of Participant referenced above that the following listed names of individuals have been authorized by Participant to open custodial sub-accounts in the name of Participant, inquire and receive information regarding Participant’s accounts and to provide the Missouri Baptist Foundation with account investment instructions, withdrawal or transfer funds instructions, and/or distribution of funds instructions for any and all accounts to be managed for Participant by the Missouri Baptist Foundation:

Please check one:
 Any one of the following are authorized to act -
 or, any two of the following are authorized to act -

Printed Names of Authorized Participant Signatories:	Signatures:
_____	_____
_____	_____
_____	_____
_____	_____

Statements on account should be directed to _____ on a; ___ monthly ___ quarterly ___ annually basis by regular mail OR email(email address _____), until otherwise directed in writing by any of the signors named above.

Certified By: _____ (Signature)
_____ (Please print name)