

# MISSOURI BAPTIST FOUNDATION

## Signature Authorization

Name of Investing Organization: \_\_\_\_\_ (“Participant”)

Location Address: \_\_\_\_\_ Mailing Address \_\_\_\_\_

\_\_\_\_\_

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

Account No. \_\_\_\_\_

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 -

Authorized Participant Signatories:

<u>Print Full Name</u>	<u>Title/Role</u> <small>(i.e. Treasurer, Finance Chair, Pastor...)</small>	<u>Signature</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

### Statements

Statements on account should be directed to \_\_\_\_\_ (choose one):

Printed statements:    quarterly    annually OR    Email statements:    monthly    quarterly    annually

Email address: \_\_\_\_\_, until otherwise directed in writing by any of the signors named above.

Certified By: (print name) \_\_\_\_\_ (title) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_