



Signature Authorization

Name of Investing Organization: _____

Account No. _____ (leave blank, if new account)

Today's Date: _____

I certify that the organization took action to authorize the following listed individuals to provide the Missouri Baptist Foundation with account investment instructions, withdrawal, transfer, and/or distribution instructions for any and all accounts to be managed by the Missouri Baptist Foundation:

Church Clerk or Secretary _____
(signature) (print name)

Authorized Signatories:

1

Print Full Name _____

Title/Role _____

Email Address _____

Signature _____

2

Print Full Name _____

Title/Role _____

Email Address _____

Signature _____

3

Print Full Name _____

Title/Role _____

Email Address _____

Signature _____

4

Print Full Name _____

Title/Role _____

Email Address _____

Signature _____

Please indicate how many signors are required per transaction: 1 2