



**Endowment Fund of the
Evangelical Lutheran Church in America**

8765 West Higgins Road Chicago, Illinois 60631
800/638-3522, ext. 2970 Facsimile 773/380-2775

- CHANGE IN AUTHORIZATION -

PLEASE DO NOT SEND BY FACSIMILE. The Administrator must have the original signed form.

Participant Number |_|_|_|_|_|_|_|_| **Account Number** |_|_|_|_|_|_|_|_| **Date** _____

Participant Name _____

Account Name _____

Participant Mailing address (as stated on the Participant Application)

Street Address _____ **City** _____ **State** _____ **Zip** _____

Previously Authorized Participant Representative(s) (as listed on the Participant Application or most recent Change in Authorization)

Name: _____ **Title:** _____

Name: _____ **Title:** _____

Name: _____ **Title:** _____

We understand that the Endowment Fund of the ELCA can remit funds only upon the request of authorized individuals. The person(s) occupying the positions authorized to receive funds recently changed. We understand that any requests for withdrawals that are not signed by the below listed persons will not be fulfilled. Authorized representative(s) designated by the participant will remain in effect until changed.

Current Authorized Participant Representative(s) (Please have all new and continuing representative(s) sign below.)

Name: _____ **Title:** _____ **Signature:** _____

Name: _____ **Title:** _____ **Signature:** _____

Name: _____ **Title:** _____ **Signature:** _____

* Request for change of distribution or requests for withdrawal must be accompanied by _____ of the above signatures.
(number)