



Evangelical Lutheran  
Church in America

**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

**Form C**

-Requires ink signature and  
Form G as attachment-

**CHANGE IN AUTHORIZATION  
- Attach Form G-**

PLEASE DO NOT SEND ELECTRONICALLY. The Administrator must have the original signed form, and Form G must be attached.

Participant Number | | | | | | | | Account Number | | | | | | | | Date \_\_\_\_\_

Date of Governing Board's Action to Authorize Representatives \_\_\_\_\_

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 request 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: \_\_\_\_\_

Participant requests for change of distribution or for withdrawal must be accompanied by \_\_\_\_\_ (number) of the above signatures.

FOR OFFICE USE ONLY

[ ] Verify signatures: