



**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 G
-Ink signature required-

AUTHORIZING RESOLUTION
-Attachment to Form A or Form C-

Authorizing Resolution: A Participant must provide this form as proof of an authorizing action by the Participant's governing board that specific individuals are authorized to represent the Participant with regard to the Participant's account. Please insert the names and titles of authorized representatives. Then obtain the notarized signature of the pastor or interim pastor (if Participant is a congregation) or the Chief Executive Officer or equivalent (if Participant is another type of institution), attesting that the named individuals have been approved by the Participant's governing board as authorized representatives. If the attestor is also an authorized representative for the account, please call the Endowment Fund of the ELCA to discuss an exception.

For existing accounts:

Participant Number | | | | | | | | **Account Number** | | | | | | | |

For all accounts:

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** _____

Authorized Participant Representative(s) (must match those listed on the Participant Application or Change in Authorization forms):

Name: _____ **Title:** _____

Name: _____ **Title:** _____

Name: _____ **Title:** _____

Attestation by Pastor or CEO: I attest that individuals named above are the current authorized representatives for Participant's account.

Name: _____

Title: _____

Signature: _____

Notary Public:

State of _____

County of _____

Signed before me on _____ (date)

by _____ (name of person).
(seal)

signature of notary public