



OFFICER AUTHORIZATION SIGNATURE FORM

Office Use Only: Account Number: Name of Account:

Date: Investor:

Choose ONE of the following:

The following persons are authorized for this account only. This is an update for all our existing accounts.

Please list those Trustees or Officers authorized by the Investor to request withdrawals from or prescribe other changes to the account. At least two persons must be listed. Include home address and original signatures (blue ink - preferred).

- 1. Signature: Print Name: Title: Address: Phone: Email:
2. Signature: Print Name: Title: Address: Phone: Email:
3. Signature: Print Name: Title: Address: Phone: Email:
4. Signature: Print Name: Title: Address: Phone: Email:
5. Signature: Print Name: Title: Address: Phone: Email:
6. Signature: Print Name: Title: Address: Phone: Email:

** To update this form send a letter signed by two of the persons listed above and accompanied by a new Officer Authorization Signature Form (available from the Foundation Office) delivered to the Foundation Office at the following address: Kansas Area United Methodist Foundation • P.O. Box 605 • Hutchinson, KS 67504-0605