



CHURCH OF THE NAZARENE FOUNDATION
17001 Prairie Star Parkway, Suite 200
Lenexa, KS 66220

Signature Authorization Form

ACCOUNT NUMBER: _____ TAX IDENTIFICATION # _____

ACCOUNT OWNER NAME AND MAILING ADDRESS:

The signers listed below are authorized to: *(Check Applicable Boxes)*

- request account withdrawals on behalf of the account owner
- instruct the Foundation to make investment changes for the account owner
- if more than one signature is required, please list the names of required signatures:

X _____
Signature (1) Printed Name (1)

X _____
Signature (2) Printed Name (2)

X _____
Signature (3) Printed Name (3)

X _____
Signature (4) Printed Name (4)

The above authorization is in full force and effect until the Foundation receives an updated signature authorization form from the account owner.

_____/_____/_____
Date

Signature of a person authorized to execute the form
on behalf of the account owner

Title