



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

Signature Authorization Form

ORGANIZATION: ACCOUNT #:

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

X Signature (1) Printed Name (1) Title (1)

X Signature (2) Printed Name (2) Title (2)

X Signature (3) Printed Name (3) Title (3)

X Signature (4) Printed Name (4) Title (4)

If more than one signature is required, please list the names of required signatures:

ONLINE STATEMENT RECIPIENT(S)/PORTAL ACCOUNT ACCESS (if more lines required, please write on back):

Name: Email:
Name: Email:
Name: Email:

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

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

Printed Name Title