



**Christian Investors Financial**  
 901 East 78th Street, PO Box 20759  
 Minneapolis, MN 55420-0759  
[www.ChristianInvestors.org](http://www.ChristianInvestors.org)

## RESOLUTION CHANGE IN AUTHORIZED REPRESENTATIVES

*For use by Corporations, Business Organizations, or other legal entities (Entities) to Change and Approve its Authorized Representatives, and to Establish and Approve Online Services User Administration and Access for its Authorized Representatives.*

If you have questions, please call us at 800.995.8574

### OWNERSHIP INFORMATION

Church       Corporation       Other \_\_\_\_\_

\_\_\_\_\_  
 Name of Corporation, Business Organization, or other Legal Entity

\_\_\_\_\_  
 Street Address, City, State & Zip Code

**RESOLVED** that each of the following individuals identified and named below, whose signatures appear below, has the authority to direct investments in CIF Investment Certificates, or redemptions thereof, and to execute documents on behalf of the entity with respect to said investments.

RESOLVED that this authority will continue until revoked by further action of the governing body of this entity.

### NEW ADDITIONAL AUTHORIZED REPRESENTATIVES:

*A copy of a Driver's License, or other government issued ID is required for each Authorized Representative to validate identity. Checking the YES boxes below for each respective Authorized Representative establishes and authorizes their User Access to Online Services and their ability to transfer funds via Online Services between your accounts at CIF or between your eligible CIF account(s) and your external financial institution accounts.*

1) \_\_\_\_\_  
 Printed Name of Authorized Representative      Individual Signature      U.S. Social Security Number

Online Services User Access	Email Address	Telephone Numbers	Transfer Authority
<input type="checkbox"/> YES		Mobile: Home: Work:	<input type="checkbox"/> YES

2) \_\_\_\_\_  
 Printed Name of Authorized Representative      Individual Signature      U.S. Social Security Number

Online Services User Access	Email Address	Telephone Numbers	Transfer Authority
<input type="checkbox"/> YES		Mobile: Home: Work:	<input type="checkbox"/> YES

### REMOVAL AND DELETION OF PRIOR AUTHORIZED REPRESENTATIVES:

*Removal and deletion of each respective below prior Authorized Representatives will also inactivate and remove their User Access to Online Services.*

1) \_\_\_\_\_  
 Printed Name of Authorized Representative      U.S. Social Security Number

2) \_\_\_\_\_  
 Printed Name of Authorized Representative      U.S. Social Security Number

### CERTIFICATION

I, the undersigned, hereby certify that I am the Corporate Secretary (or person filling a similar position) of the entity listed above and that the resolution above was adopted and authorized by the Board of Directors (or similar governing body) of the entity as of the date listed below.

\_\_\_\_\_  
 Authorized Representative Signature      Date      Printed Name and Title of Authorized Representative