Authorized Signers Update

Church/Institution Information

Name of Church/Institution		Contact Name and Position	Contact Name and Position		
Daytime Phone		Email			
Mailing Address		City	State	ZIP	
investments with GenFi Ministric signatures designated in this for notes. This authority shall remai authority shall be expressly disc a full and complete copy of the r	es, and obligate the Entity to any orm. All prior authorizations are hin in effect until the Entity termina closed to GenFi Ministries in the spresolution duly adopted by the Bo	ne Authorized Signers) are hereby authorized contract, agreement, or transaction with Gereby superseded. Changes indicated on the said authority in writing to GenFi Ministrace provided in this form. The above authority of Directors of the Entity, at a meeting persons designated who are duly qualifie	ienFi Ministries. Such or this form will be applie stries. Any limitation on orized signers hereby c of said Board held on t	rders shall require at least tw and to all current investment any Authorized Signer's ertify that the foregoing is the date below, and that the	
Date Resolution Adopted by Board					
thorized Signers (Minimum	n of 2 signatures required, but the chui	rch may require more)			
Signatures required for redempt	tion: \square 2 \square 3	□ 4 □ 5			
Signature	Printed Name	Title		Date	
Signature Signature	Printed Name Printed Name	Title Title		Date Date	
	Printed Name				
Signature	Printed Name		D:		
Signature ditional Authorized Sig	Printed Name	Title		Date	

Submitting Your Form

To submit your completed form, send a scanned PDF (or similar format) to investment@genfi.com or mail/fax the document(s) to the address/fax number below.

