



## RESOLUTION FORM

Account Number:  EIF # \_\_\_\_\_  Limited Maturity Income Fund #: \_\_\_\_\_

Church/Entity: \_\_\_\_\_ City: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

The undersigned certifies to the Colorado Episcopal Foundation (CEF) that any one\* of the following persons have been authorized in the name of the entity by appropriate resolution or other action of the entity to initiate any and all transaction requests in the name of the entity against the funds of the entity on deposit with CEF, including but not limited to: deposits, withdrawals, and account closing. The names of the persons so authorized are:

PRINT NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PRINT NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PRINT NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PRINT NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

\* If more than one signature is required for all transactions or transactions over a certain dollar threshold, insert the number of required signatures and / or dollar amount:

# SIGNATURES REQUIRED: \_\_\_\_\_  FOR ALL TRANSACTIONS  
 FOR WITHDRAWALS ONLY  
 FOR TRANSACTIONS ABOVE (DOLLAR AMOUNT): \_\_\_\_\_

The undersigned certifies that: 1) the entity has been validly formed and currently exists in good standing in accordance with applicable law; 2) the constituent documents of the entity permit the undersigned to execute this authorization on behalf of the entity; 3) this authorization will be binding upon the entity and all of the owners/managers/board members/trustees of the entity notwithstanding anything to the contrary in the entity's governing documents; 4) the authority of the designated individuals to perform each and all of the powers described above shall remain in full force and effect and CEF shall be fully entitled to rely on such signatures until written revocation of such authority is delivered to, and received by, CEF; 5) all of the original signatures contained in this authorization are genuine in all respects. The undersigned agrees to immediately notify CEF in writing of any change in form or legal status of the entity.

PRINT NAME: \_\_\_\_\_ EXECUTED ON (DATE): \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ TITLE: \_\_\_\_\_