## CHURCH/INSTITUTION INFORMATION

Name of Church/Institution		Contact Name and Position					
Daytime Phone	Email	Email			Note Number		
Mailing Address			City		State ZIP		
The persons whose names and signal investments with CEP, and obligate t in this form. All prior authorizations a Any limitation on any Authorized Sig certify that the foregoing is a full and the date below, and that the signatu respective capacity.	he Entity to any con are hereby supersed ner's authority shall I complete copy of t	tract, agr ed. This a be expre he resolut	eement, or tra uthority shall ssly disclosed ion duly adop	nsaction with CEP. Such or remain in effect until the to CEP in the space provi oted by the Board of Direct	orders shall require at lea Entity terminates said au ided in this form. The abo ctors of the Entity, at a m	ast two signatures designated uthority in writing to CEP. ove authorized signers hereby eeting of said Board held on	
Date Resolution Adopted by Board							
UTHORIZED SIGNERS (Minim	um of 2 signatures req	uired, but	the church may	require more)			
Signatures required for redemption:	□ 2	□ 3	□ 4	□ 5			
Signature	Printed Name			Title		Date	
Signature	Printed Name			Title		Date	
DDITIONAL AUTHORIZED	SIGNERS						
Signature				Printed Name		Date	
Signature	Signature			Printed Name	1	Date	
Signature				Printed Name	I	Date	
Remove the following name(s) (plea	se print):						

Explanation of signature authorization limits, if any: \_\_\_\_

## SUBMITTING YOUR FORM

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



Church Extension Plan

Church Loans | Investments | Retirement