United Church Funds

AUTHORIZED OFFICER DESIGNATION AND UPDATE FORM

Use this form to designate, confirm, update and/or remove Authorized Officers for your Organization's UCF account(s). Authorized Officers are individuals designated by the organization to provide account instructions and communicate with UCF regarding the organization's UCF account(s). Authorized Officers may provide written instructions regarding contributions, withdrawals, transfers, investment allocations, distribution elections, account administration and related matters, subject to UCF's procedures and the organization's Master Participation Agreement or other applicable account agreement with UCF.

Authorized Officers may be provided with online access to view account information through UCF's online portal. Individuals who require access to view account information but do not require transaction authority may be designated for View-Only Access. View-Only users are not permitted to request transactions or otherwise provide account instructions to UCF.

Designation as an Authorized Officer relates to account administration and account instructions. Designation as an Authorized Officer does not, by itself, establish authority to execute the Master Participation Agreement or otherwise bind the organization contractually unless the organization has separately granted that authority.

For your protection, UCF requires written documentation before updating Authorized Officers. Acceptable supporting documentation may include meeting minutes, an officer resolution, a statement on organization letterhead, bylaws or other documentation acceptable to UCF confirming the authorization.

Changes to Authorized Officers are effective only after UCF receives, reviews, processes and confirms the updated information. Until UCF confirms the change, UCF may continue to rely on the Authorized Officers reflected in UCF's then-current records. Updates may take up to 10 business days to process.

For your protection, forms containing account numbers, contact information, authorization information or other sensitive data should be submitted through UCF's secure upload page whenever possible. Completed forms may also be submitted to UCF Client Services at info@ucfunds.org.

United Church Funds
Investing Together for a Sustainable World

Toll-free: 877-806-4989
Fax: 332-219-8758
Email: info@ucfunds.org

1. ORGANIZATION INFORMATION

Organization Name: _____ Requested Effective Date: _____

UCF Account Number(s): _____

2. SUPPORTING DOCUMENTATION

Please identify the supporting documentation submitted with this form.

☐ Meeting minutes or Officer Resolution ☐ Bylaws or governing document excerpt

☐ Statement on organization letterhead ☐ Other: _____

UCF may request additional documentation or confirmation before processing any Authorized Officer update.

3. CONFIRM CURRENT AUTHORIZED OFFICERS

Please list all persons who will serve as Authorized Officers, including current Authorized Officers and any newly appointed Authorized Officers. This section should include everyone who is authorized to act in this capacity. If there is a current officer on file that is not listed below, they will be removed.

Authorized Officer 1

Name: _____

Title / Role: _____

Email: _____

Phone: _____

Online Access: Yes ☐ No ☐

Authorized Officer 2

Name: _____

Title / Role: _____

Email: _____

Phone: _____

Online Access: Yes ☐ No ☐

Authorized Officer 3

Name: _____

Title / Role: _____

Email: _____

Phone: _____

Authorized Officer 4

Name: _____

Title / Role: _____

Email: _____

Phone: _____

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4. ADD VIEW-ONLY ONLINE USERS

Please list all persons who utilize View-Only Online Access.

View-Only User 1

Name: _____

Title / Role: _____

Email: _____

Phone: _____

View-Only User 2

Name: _____

Title / Role: _____

Email: _____

Phone: _____

5. ORGANIZATION CERTIFICATION AND AUTHORIZATION

By signing below, the undersigned certify that they are authorized to submit this Authorized Officer designation or update on behalf of the Organization, and that the information provided is accurate and has been approved in accordance with the Organization's governing documents and applicable law.

The Organization requests that UCF update its records to reflect the Authorized Officer changes listed above. UCF may rely on this instruction in accordance with the Organization's Master Participation Agreement or other applicable account agreement with UCF.

Two signatures are required unless UCF determines that the supporting documentation provided is sufficient to verify the requested change.

Name: _____

Title / Role: _____

Signature: _____

Email: _____

Phone: _____

Date: _____

Name: _____

Title / Role: _____

Signature: _____

Email: _____

Phone: _____

Date: _____