



Authorized Online User Form

Corporate Information

Corporation Name

Address

City

State

Zip

Business Phone

Business Fax

Federal Tax Identification Number (TIN#)

Online Account Information Access and Type of Statement

All accounts are automatically enrolled in online account access and electronic statements. If you would like to receive a paper statement, a \$35 annual fee will apply. Account statements are sent monthly. By default, all users will be granted read-only access unless transactional access is selected below. Users authorized for transaction access may initiate and process transactions on behalf of the corporation online.

Grant the following user(s) access to the corporation's account(s):

Online User #1

Name

Role at Church

Home Address

City

State

Zip

Phone Number

Email Address (Used for Online Access)

Investment(s):

☐

Read Only Access

☐

Transactional Access

☐

Not Applicable

Loan:

☐

Read Only Access

☐

Transactional Access

☐

Not Applicable

Online User #2

Name

Role at Church

Home Address

City

State

Zip

Phone Number

Email Address (Used for Online Access)

Investment(s):

☐

Read Only Access

☐

Transactional Access

☐

Not Applicable

Loan:

☐

Read Only Access

☐

Transactional Access

☐

Not Applicable





Corporate Resolution

RESOLUTION OF:

Corporation Name

Federal Tax Identification Number (TIN#)

RESOLVED, That

Authorized Contact Name

Authorized Contact Name

Authorized Contact Name

Authorized Contact Name

are hereby authorized to execute the Church Growth Investment Fund, Inc. Corporate Investment Application relating to the purchase of Certificates of Church Growth Investment Fund, Inc. and to give instructions and execute any other documents relating to such investment accounts.

I, the undersigned, Secretary of the above named corporation, do hereby certify that the forgoing is a true copy of a resolution dully adopted by the Board of Directors (or equivalent governing body) in accordance with applicable law and the Organization's bylaws as of the of the _____ day of _____, 20 _____, at which a quorum was present and voted or pursuant to consent laws of the State of _____ (in which the Organization resides), and that said resolution is now in full force and effect; and

That the signatures as shown below are genuine:

Signature #1

Signature #2

Signature

Signature

Print Name

Print Name

Title

Title

Signature #3

Signature #4

Signature

Signature

Print Name

Print Name

Title

Title

All transactions may be authorized by the above-named individual(s) with: (Please choose one)*

☐ One Signature

☐ Two Signatures

☐ Three Signatures

☐ All Signatures

Please complete the Corporate Resolution on Page 3. Thank you!

P.O. Box 23069 Jacksonville, FL 32241-3069 | 904-345-3221 | www.cgif.co





Corporate Resolution Continued

Witness my hand and the seal of the Corporation this _____ day of _____, 20_____.

Signature of Corporate Secretary

Printed Name of Corporate Secretary

Secretary Email

Secretary Phone

***Please note: The signature requirements selected here (including secondary, tertiary, or quaternary signatures) apply only to physical or manually submitted transactions. Online transactions completed by users listed in the "Online Account Information Access and Type of Statement" section are not subject to these additional signature requirements.**