

Office Use Only: Account Number: _____

Name of Account: _____

Date: _____ **Investor:** _____

Choose **ONE** of the following:

- The following persons are authorized for this account only. This is an update for all our existing accounts.

Please list those Trustees or Officers authorized by the Investor to request withdrawals from or prescribe other changes to the account. At **least** two persons must be listed. Include **home** address and **original** signatures (blue ink – preferred).

1. Signature: _____
Print Name: _____
Title: _____
Address: _____

Phone: _____
Email: _____

4. Signature: _____
Print Name: _____
Title: _____
Address: _____

Phone: _____
Email: _____

2. Signature: _____
Print Name: _____
Title: _____
Address: _____

Phone: _____
Email: _____

5. Signature: _____
Print Name: _____
Title: _____
Address: _____

Phone: _____
Email: _____

3. Signature: _____
Print Name: _____
Title: _____
Address: _____

Phone: _____
Email: _____

6. Signature: _____
Print Name: _____
Title: _____
Address: _____

Phone: _____
Email: _____

*Please send the completed Account Update Form and the Officer Authorization Signature Form to KMF:
 Kansas Methodist Foundation • P.O. Box 605 • Hutchinson, KS 67504-0605*