



HERITAGE INVESTMENT SERVICES FUND
An investment that works

3 KACEY COURT, SUITE 101
 MECHANICSBURG, PA 17055
 E-MAIL: invest@hisfund.com
 TOLL FREE: (866) 219-0820
 PHONE: (717) 796-9784
 FAX: (717) 795-9568
 www.hisfund.com

CHURCH/ORGANIZATION RESOLUTION & AUTHORIZED SIGNERS

| | |
|--|---------------------|
| 1. CHURCH/ORGANIZATION CONTACT INFORMATION | |
| Legal Name of Church and/or Organization | |
| DBA Name of Church and/or Organization (if applicable) | |
| Physical Address | Mailing Address |
| Street | Street |
| City State Zip Code | City State Zip Code |
| Telephone Number | Email |

2. RESOLUTION

The persons whose names and signatures appear in Section 3 of this form are hereby authorized to sign, on behalf of the Church/Organization, with respect to investments with Heritage Investment Services Fund, Inc. (HIS Fund), and obligate the Church/Organization to any contract, agreement or transaction with HIS Fund. Such orders shall require the signatures of at least two Authorized Signers designated on this form. All prior authorizations are hereby superseded. This authority shall remain in effect until the Church/Organization terminates said authority in writing to HIS Fund. Any limitation on any Authorized Signer's authority shall expressly be disclosed to HIS Fund in the space provided on this form.

The undersigned Pastor/President and Secretary hereby certify that the foregoing is a full and complete copy of the resolution duly adopted by the Board of Directors or Officers of the Church/Organization, at a meeting of said Board held on _____, 20____ and that the signatures on this form are the actual signatures of the persons designated who are duly qualified and acting in their respective capacity.

3. AUTHORIZED SIGNATURES (Only the names listed in Section 3 are authorized to act on behalf of the Church/Org. named in Section 1)

| | | |
|------------|-----------|-------|
| 1. _____ | _____ | _____ |
| Print Name | Signature | Date |
| 2. _____ | _____ | _____ |
| Print Name | Signature | Date |
| 3. _____ | _____ | _____ |
| Print Name | Signature | Date |
| 4. _____ | _____ | _____ |
| Print Name | Signature | Date |

4. MISCELLANEOUS

Remove the following name(s) (please print):

Explanation of signature authorization limits, if any:

5. CERTIFICATION

| | | |
|-----------------------------|-----------|-------|
| _____ | _____ | _____ |
| Pastor/Board President Name | Signature | Date |
| _____ | _____ | _____ |
| Board Secretary Name | Signature | Date |