

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/ONLINE ACCESS

1. Church/Organization Contact Information				<u> </u>	
Legal Name of Church and/or Organization					
Legal Name of Charen and of Organization					
DBA Name of Church and/or Organization (if applicable)					
Physical Address		Mailing Address	3		
Street		Street			
City State Zip	Code	City	State	Zip Code	
City State Zip	Code	City	Suic	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					
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 (Section 4b.).					
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. See page 2 of this form for authorization for online access.)					
1					
Print Name	Signature			Date	
2					
Print Name	Signature			Date	
3.	<u>a:</u>				
Print Name	Signature			Date	
4	<u> </u>			D. /	
Print Name	Signature			Date	
4. Miscellaneous					
a. Remove the following name(s) (please print):					
b. Explanation of signature authorization limitations, i.e. number of signatures required per corporate documents (attach a letter for					
further explanation):					

5. Online Access (List all individuals who are authorized for etc.)	online access. This allows <u>view only access</u> for designated individu	als, i.e. bookkeeper, office staff,
Name (Printed)/Title	Name (Printed)/Title	
Name (Printed)/Title	Name (Printed)/Title	
Name (Printed)/Title	Name (Printed)/Title	
6. Certification		
Pastor/Board President Name	Signature	Date
Board Secretary Name	Signature	Date