



NEW
COVENANT
FUNDS®

Authorized Traders Form

Mail to: New Covenant Funds
c/o U.S. Bank Global Fund Services
PO Box 219252
Kansas City, MO 64121-9252

Overnight Express Mail to: New Covenant Funds
c/o U.S. Bank Global Fund Services
801 Pennsylvania Ave Suite 219252
Kansas City, MO 64105-1307

For congregations, synods, and presbyteries: Please complete this form whenever there is a change to the authorized trader(s) for your New Covenant Funds account(s). You must submit a new form with all signatures if there is an addition or deletion to the authorized trader(s). The Funds allow up to four authorized traders per account. For assistance with this form, please contact Client Services at 800-858-6127.

1 Organization Information

<input type="text"/>		<input type="text"/>
NAME OF ORGANIZATION		TAXPAYER IDENTIFICATION NUMBER
<input type="text"/>		<input type="text"/>
STREET		APT / SUITE
<input type="text"/>	<input type="text"/>	<input type="text"/>
CITY	STATE	ZIP CODE

2 Signature Information

Authorized signature apply to:

- ☐ All accounts
☐ The following accounts:

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Number of signatures required for authorizing transactions: ☐ 1 ☐ 2 ☐ 3 ☐ 4

Please complete the signature blocks on the reverse side of this page.

3 Signature

This form requires the signature of your Stated Clerk or Clerk of Session.

If the Stated Clerk is also an authorized signer, there must be at least one additional signature for authorizing transactions. The Funds and/or its distributor may rely upon this authorization until notified of any changes.

All fields must be completed.

NAME - PRINT

SIGNATURE

SOCIAL SECURITY NUMBER

DATE OF BIRTH

PHONE NUMBER

EMAIL ADDRESS

NAME - PRINT

SIGNATURE

SOCIAL SECURITY NUMBER

DATE OF BIRTH

PHONE NUMBER

EMAIL ADDRESS

NAME - PRINT

SIGNATURE

SOCIAL SECURITY NUMBER

DATE OF BIRTH

PHONE NUMBER

EMAIL ADDRESS

NAME - PRINT

SIGNATURE

SOCIAL SECURITY NUMBER

DATE OF BIRTH

PHONE NUMBER

EMAIL ADDRESS

I certify that each persons listed above has been authorized.

STATED CLERK SIGNATURE OR CLERK OF SESSION

DATE

PLEASE PRINT NAME