



# BRETHREN FOUNDATION FUNDS INC.

A not-for-profit ministry affiliated with Church of the Brethren Benefit Trust  
1505 Dundee Ave. • Elgin, IL 60120-1619  
888-311-6530 • 847-695-0200 • Fax 847-960-5712  
bffi@cobbt.org • www.brethrenfoundationfunds.org

## Authorization Form

This form is used to list individuals who are authorized to execute transactions and/or receive statements on behalf of the organization. It should be completed and submitted whenever a change of authorized individuals occurs.

**Submission Options:** Mail: 1505 Dundee Ave., Elgin, IL 60120 Fax: 847-960-5712 Email: bffi@cobbt.org

Organization/Account Name: \_\_\_\_\_ Church Code: \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Is electronic account access desired? If NO, complete only Section 1. If YES, complete both Sections 1 and 2.

### Section 1

Name (Primary): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Authorized to receive monthly statements

Authorized to make contributions, distributions, and transfers (SIGNATURE REQUIRED)

Signature: \_\_\_\_\_

### Section 2: Electronic Access via the BFFI Web portal

The client portal is an online service provided to those who wish to conduct business with Brethren Foundation Funds Inc. via a secure Internet connection. The following access levels are available. Please choose **ONLY ONE** level of access (descriptions are below):

Level 1

Level 2

Level 3

Level 4

**Level 1** — Notice of statement availability, plus ability to view and print monthly statements. Printed statements are not provided to users with Level 1 access.

**Level 2** — Includes Level 1, plus ability to view and print both standard and custom date ranges for viewing statements, reports, and transactions.

**Level 3** — Includes Level 2, plus entering transactions (contributions, distributions, and transfers).

**Level 4** — Includes Level 3, plus approving transactions (contributions, distributions, and transfers).

**The officer signature below instructs Brethren Foundation Funds Inc. to replace the organization's existing instructions with those above, on the reverse of this sheet, and on any additional sheets. Documentation (e.g., board minutes or corporate resolution) that the person who signs below is an officer of the church or organization must also accompany this form. This documentation requirement only applies to the officer signing below as "Authorized Signature."**

\_\_\_\_\_  
*Authorized Signature*

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
*Date*

### Authorized Signer Checklist:

**I have signed and dated this form.**

**I have included all required documentation.**

Is electronic account access desired? If NO, complete only Section 1. If YES, complete both Sections 1 and 2.

**Section 1**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Authorized to receive monthly statements

Authorized to make contributions, distributions, and transfers (SIGNATURE REQUIRED)

**Signature:** \_\_\_\_\_

Section 2: Electronic Access via the BFFI Web portal

Please choose **ONLY ONE** level of access (descriptions are on the first page):    Level 1        Level 2        Level 3        Level 4

Is electronic account access desired? If NO, complete only Section 1. If YES, complete both Sections 1 and 2.

**Section 1**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Authorized to receive monthly statements

Authorized to make contributions, distributions, and transfers (SIGNATURE REQUIRED)

**Signature:** \_\_\_\_\_

Section 2: Electronic Access via the BFFI Web portal

Please choose **ONLY ONE** level of access (descriptions are on the first page):    Level 1        Level 2        Level 3        Level 4

Is electronic account access desired? If NO, complete only Section 1. If YES, complete both Sections 1 and 2.

**Section 1**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Authorized to receive monthly statements

Authorized to make contributions, distributions, and transfers (SIGNATURE REQUIRED)

**Signature:** \_\_\_\_\_

Section 2: Electronic Access via the BFFI Web portal

Please choose **ONLY ONE** level of access (descriptions are on the first page):    Level 1        Level 2        Level 3        Level 4