



Authorized Traders Form

*For assistance with this form, please contact
Client Services at 800-858-6127.*

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.

Submit the completed form to:

Regular or Overnight Mail

New Covenant Funds
U.S. Bancorp Fund Services, LLC
615 East Michigan Street, 3rd floor
Milwaukee, WI 53202

Be sure to note bolded information on submitting documentation on reverse side of this form.

Organization Information

Name of Organization

Street Address

City

State

Zip

Type of Entity

Taxpayer Identification Number

Signature Information

Authorized signatures apply to: All accounts

The following accounts: _____ , _____ ,

_____ .

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

Please complete signature blocks on reverse side of this page.

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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, contact Client Services at 800-858-6127.

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.

Signature

Name #1 (Print)	Signature	Date	
Residential Address	City	State	Zip
Social Security Number	Date of Birth	E-mail Address	
<input type="checkbox"/> Check here if we may communicate with you via email to make you aware of products or services provided by us or one of our affiliates that may be of interest to you and to provide you with news updates. We will never sell your email address or provide it to anyone other than our affiliates.			

Name #2 (Print)	Signature	Date	
Residential Address	City	State	Zip
Social Security Number	Date of Birth	E-mail Address	
<input type="checkbox"/> Check here if we may communicate with you via email to make you aware of products or services provided by us or one of our affiliates that may be of interest to you and to provide you with news updates. We will never sell your email address or provide it to anyone other than our affiliates.			

Name #3 (Print)	Signature	Date	
Residential Address	City	State	Zip
Social Security Number	Date of Birth	E-mail Address	
<input type="checkbox"/> Check here if we may communicate with you via email to make you aware of products or services provided by us or one of our affiliates that may be of interest to you and to provide you with news updates. We will never sell your email address or provide it to anyone other than our affiliates.			

Name #4 (Print)	Signature	Date	
Residential Address	City	State	Zip
Social Security Number	Date of Birth	E-mail Address	
<input type="checkbox"/> Check here if we may communicate with you via email to make you aware of products or services provided by us or one of our affiliates that may be of interest to you and to provide you with news updates. We will never sell your email address or provide it to anyone other than our affiliates.			

I certify that each of the persons listed above has been authorized to request and receive account information.		
Stated Clerk Signature or Clerk of Session	Please Print Name	Date