



EASTON EPISCOPAL FUND

314 North Street Easton, MD 21601-3684

CHANGE IN INDIVIDUALS AUTHORIZED TO GIVE INSTRUCTIONS TO THE EASTON EPISCOPAL FUND

At a meeting of the _____ of _____
(Vestry or authorized body) (Parish or Diocesan unit)

held on _____
(date)

The following individuals were authorized and are the only ones authorized to give instructions to the Easton Episcopal Fund for the accounts shown below including but not limited to systematic or one time withdrawal of funds, the address of the recipient of withdrawn funds, transfers between funds, recipients of account statements and other matters which may arise concerning your investment in the Easton Episcopal Fund.

| AUTHORIZED INDIVIDUALS | POSITION | TELEPHONE | EMAIL ADDRESS |
|------------------------|----------|-----------|---------------|
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This authorization applies to the specific Easton Episcopal Fund accounts shown below in the name of the Parish or Diocesan shown above:

| Easton Episcopal Funds Account numbers | | |
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| | | |

Attested by: _____
(Printed name of attesting officer; may not be an authorized individual)

Position: _____

Signature: _____

Date: _____

Mail to:
Easton Episcopal Funds
8000 Town Center Drive
Suite 400
Broadview Heights, OH 44117

Email to:
Easton.Episcopal.Funds@mutualss.com

Fax to:
440-526-4446