

PARTICIPANT APPLICATION

(Attach IRS Form W-9)

We request to participate in ELCA Endowment Ministry Growth Fund. We understand that the Endowment Fund of the Evangelical Lutheran Church in America, dba ELCA Foundation, and Trustee of the ELCA Endowment Fund Pooled Trust, has complete and sole discretion in accepting or declining our application. Complete terms and conditions of investment are in the "[Confidential Disclosure Statement of the ELCA Endowment Ministry Growth Fund of the ELCA Endowment Fund Pooled Trust](https://elca.org/Resources/ELCA-Foundation)" available online at <https://elca.org/Resources/ELCA-Foundation> and are hereby incorporated by reference.

I. APPLICANT INFORMATION

Application Date: _____ **Participant/Applicant Name:** _____

Account Name: _____

ELCA Affiliation: Is the applicant an affiliated ministry of the ELCA? Yes No

Check one: Congregation Synod Other: _____

Federal Tax ID # (EIN): _____

Federal Tax Status (choose one): ELCA Group Exemption
 501(c)(3) Exemption (provide proof of exempt status)

Has the applicant ever been denied inclusion in the ELCA Group Exemption? Yes No

Applicant has other ELCA Ministry Growth Fund accounts: Yes No

Existing Account Name(s) and Number(s): _____

Applicant Mailing Address

Street or P.O. Box: _____

City: _____ **State:** _____ **Zip Code:** _____

Telephone: _____ **Email:** _____

Regional Gift Planner Assisting You: _____

NOTE: Download IRS Form W-9 at www.irs.gov/pub/irs-pdf/fw9.pdf and attach completed form to this application



II. DEPOSIT & DISTRIBUTION SPECIFICATION

Initial Deposit: Amount \$ _____ (Minimum initial deposit of \$25,000 required at time of account opening.) Please indicate how your initial deposit will be made:

- Wire Transfer (preferred method)**
- Check**

Deposits made on or after December 1, 2020, will be added to your account in the Fund based on the unit value as determined on the last business day of the month prior to the deposit. No deposit of cash or liquidated proceeds will be made until the Foundation receives the funds and the properly completed Form A.

Distribution Election (choose one):

- Reinvest all quarterly distributions.
By selecting this option we acknowledge any withdrawals requested from our account may take up to ten (10) business days to process from the date of receipt of a completed Withdrawal Form (Form E)
- Issue quarterly distributions on or about Mar. 31, June 30, Sept. 30 and Dec. 31

Additions to Principal: Participants may make additions to principal at any time. All additions must be accompanied by the Ministry Growth Fund Deposit form (Form B). The addition to principal will be converted to units according to the most recent Valuation Date. The Ministry Growth Fund Deposit form is available through your Regional Gift Planner, your online account portal, or at <https://elca.org/Resources/ELCA-Foundation>

_____ **Acknowledgement of Direct Donor Contributions:** Participants are discouraged from providing account information to potential donors; however, Participant understands that some individuals (i.e., donors to Participant's organization) may make a gift directly to Participant's account. The Participant's chief executive (i.e., president, senior pastor, bishop) acknowledges that the ELCA Foundation will deposit such gifts into Participant's account. The Foundation acknowledges that such gifts are made to a fund owned by Participant and will be considered funds of the Participant upon deposit. Formal receipting of the gift for income tax purposes will be provided by the ELCA Foundation. Any acknowledgment made by the Participant to the donor will not include information that could be considered a receipt of the gift.

_____ **Acknowledgement of Ministry Growth Fund Balances and Statements:** Participant understands that the Endowment Fund Pooled Trust unit value is calculated monthly. Unit valuation, account balances, and statements are available approximately 15 business days after the close of business.

III. ONLINE ACCOUNT ACCESS

Request for Online Account Access: Online access is limited to view-only access of statements. Logins are limited to one ID per Participant, which may be shared with other authorized users at the discretion of the Participant.

We request online access. Send instructions for access to:

Name: _____ Email: _____



IV. AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

Our organization hereby will authorize the ELCA Foundation to initiate Automated Clearing House (ACH) credit entries and/or correcting debit entries to our bank account for Endowment Fund Pooled Trust distributions and/or other withdrawals. **WE UNDERSTAND WE MUST PROVIDE A COMPLETED DIRECT DEPOSIT FORM AND BANKING INFORMATION VIA DOCUSIGN OR MAIL.**

We wish to receive the Direct Deposit form via DocuSign. The primary contact for this purpose is:

Name: _____ Email: _____ Phone: _____

We will mail the Direct Deposit form to ELCA Foundation, Attn: Endowment Accounting, 8765 W. Higgins Road, Chicago, IL 60631.

Whichever option we have chosen above, we acknowledge we must include verification from our bank of our account and routing numbers. This can be in the form of a voided check or a letter on bank letterhead.

V. AUTHORIZING RESOLUTION & CERTIFICATION

The following individuals are authorized by the governing body of Participant to engage in all matters associated with this account. Please note: If a change in the individuals authorized to act occurs, Participant must complete Form C: Change in Authorization. The original must be received by the ELCA Foundation for it to take effect.

Authorized Participant Representative(s):

Number of signatures are required for withdrawals or changes in distribution (choose one):

1 2 3

By signing below, I/we acknowledge I/we received, read, and understand the most recently published Confidential Disclosure Statement of Endowment Ministry Growth Fund and understand the risk factors in investing in Endowment Ministry Growth Fund. I/we further understand that the Endowment Fund of the ELCA can remit funds only upon the request of Authorized Participant Representative(s).

1. Name: _____ Title: _____

Signature: _____ Email: _____

2. Name: _____ Title: _____

Signature: _____ Email: _____

3. Name: _____ Title: _____

Signature: _____ Email: _____

Notary Attestation

Attestation by Pastor, CEO, or Council/Board President:

I, _____ (name), as _____ (title) of

_____ (organization) attest that the individual(s) named above are the authorized representatives for this account and that we have reviewed the "[Confidential Disclosure Statement of the ELCA Endowment Ministry Growth Fund of the ELCA Endowment Fund Pooled Trust](#)".

Signature

Date: _____

STATE OF _____

COUNTY OF _____

On this _____ day of _____, 20____, before me, the undersigned notary public, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed above and acknowledged to me that he/she/they executed the same in his/her/their capacity, and that by his/her/their signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

Notary Public

My commission expires: _____

VI. NEXT STEPS IN OPENING YOUR ACCOUNT

1. Submit your completed application to your Regional Gift Planner electronically and mail original, signed copies, to the ELCA Foundation, 8765 W. Higgins Road, Chicago, IL 60631.
2. Upon account approval, your account number and deposit form will be provided by your Regional Gift Planner for your initial deposit per your preference listed in Section II.
3. Your Regional Gift Planner will confirm receipt of your opening deposit.
4. The ELCA Foundation will e-mail your Welcome Packet.
5. Online access and your first statement will be available approximately fifteen (15) business days after the close of the month initial deposit is made.

Form revised January 2025