



MB LOAN FUND CERTIFICATE CHANGE REQUEST !CF; 5B=N5HCB

SECTION I: CURRENT CERTIFICATE INFORMATION

Certificate Number _____ Organization _____

SECTION II: CHANGE IN INFORMATION

NEW ADDRESS, PHONE, EMAIL

Mailing Address _____ Phone Number _____ Home Cell Work
City, State, Zip _____ Email Address _____

SECTION III: CHANGE IN AUTHORIZED SIGNERS

This request supersedes all prior change requests and/or the original application for the information provided.

AUTHORIZED SIGNERS. All Authorized Signers must sign below.

_____ Print Name	_____ Title	_____ Signature
_____ Print Name	_____ Title	_____ Signature
_____ Print Name	_____ Title	_____ Signature
_____ Print Name	_____ Title	_____ Signature

SECTION IV: REPRESENTATIONS AND AGREEMENT

BY SIGNING BELOW, YOU REPRESENT AND AGREE TO THE FOLLOWING:

- Change to Certificate.** By signing below, the Authorized Signer or Board Officer: (a) represent that they are authorized to transact business for the Organization identified in Section I; (b) agree to the changes indicated in this Certificate Change Request; and (c) authorize MBLF to make the changes in this Certificate Change Request to the Certificate identified in Section I.
- Terms of Certificate.** By signing below, each Authorized Signer or Board Officer represents that he/she understands the terms of the Certificate identified in Section I and agrees to be bound by the terms of the original agreement.
- Change in Authorized Signers.** If Authorized Signers are being changed on the Certificate identified in Section I, then all Signers must sign above in Section III. All Signers acknowledge that MBLF is authorized to act upon the instructions and directions of any Authorized Signer in all matters, including redemption requests.

LEADERSHIP AUTHORIZATION

OFFICER APPROVAL. By signing below, MBLF will change all contact information for the organization to that which is identified in Section II above; and/or all Authorized Signers to the names identified in Section III above. Please include Board Minutes or Resolutions on signing authority.

Signature _____ Date _____
Print Name _____ Title _____