

1**GENERAL INFORMATION**

Attach a copy of Amendment filed with Secretary of State. If adding or removing authorized agents, complete a new Authorized Agent Form.

Former Legal Name		Tax ID Number	
New Legal Name			
Physical Address (Required)	City	State	Zip
Mailing Address (If different)	City	State	Zip

2**SIGNATURE(S)**

At least two existing authorized agents must sign. By signing below, we hereby authorize AGFinancial and its affiliated entities (including, but not limited to, Assemblies of God Ministers Benefit Association, Assemblies of God Foundation, Assemblies of God Loan Fund, Assemblies of God Loan Pool, LLC, and Foundation Capital Resources, Inc.) hereinafter referred to as AGFinancial, to make the changes indicated above.

TAX INFORMATION

Under penalties of perjury, I certify that: **1)** The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); **2)** I am not subject to backup withholding because: **(a)** I am exempt from backup withholding, or **(b)** I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or **(c)** the IRS has notified me that I am no longer subject to backup withholding; and **3)** I am a U.S. citizen or other U.S. person (defined in the instructions).

If you have been notified by the IRS that you are currently subject to backup withholding, you must cross out item 2 above.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Authorized Signature	Printed Name	Date
Authorized Signature	Printed Name	Date