



ORGANIZATION CONTACT UPDATE

1. CURRENT ORGANIZATION INFORMATION

Organization Name _____
Contact Name _____ Last Five Digits of EIN _____

2. UPDATE ORGANIZATION INFORMATION

I request to update my organization’s contact information as indicated below, and understand that this information will replace the information previously on file with The Solomon Foundation:

Organization Name Change - The name of the organization has recently changed. Please change the name listed in Section 1 to the following. *(Please include supporting documents, such as Name Change Amendment or documents filed with the secretary of state.)*

Please change the church’s name on record to: _____

Address Change - My organization’s address has recently changed. Please change the address on file to the address below. *(Please note, if you use a PO Box for your mailing address, we still need to have your physical address on file as well.)*

Street Address _____ City _____ State _____ Zip _____

Mailing Address _____ City _____ State _____ Zip _____

Phone Number Change - My organization’s phone number has recently changed. Please change my phone number(s) on file to the following: Phone #1 _____ #2 _____

Email Address Change - My organization’s email address has recently changed. Please change the email on file to the following: E-Mail _____

3. AUTHORIZED SIGNER INFORMATION

Please note that this form does NOT update the list of authorized signers for your organization; only the contact information for the current signers will be updated. To update the list of authorized signers, you will need to complete a Corporate Resolution form.

| Current Signer 1 | Current Signer 2 | Current Signer 3 | Current Signer 4 |
|------------------|------------------|------------------|------------------|
| (NAME) | (NAME) | (NAME) | (NAME) |
| (PHONE) | (PHONE) | (PHONE) | (PHONE) |
| (EMAIL) | (EMAIL) | (EMAIL) | (EMAIL) |

3. ACKNOWLEDGMENT

I/We understand by signing and submitting this Investor Contact Update, I/We am authorizing The Solomon Foundation (TSF) to update the Organization’s contact records to the information listed on this form, effective as of the date this form is submitted. I/ We certify that the information listed on this form is accurate and understand that this information will be used in all future transactions and communications with TSF.

(Required)

(Required if number of required signatures is “2”)

Name _____
Signature _____
Date _____

Name _____
Signature _____
Date _____