

RESOLUTION OF SOLE PROPRIETORSHIP

Authority to Open Account(s), to Deposit and Withdraw Funds, and to Open and Have Access to Safe Deposit Box(es)

DATE:

TO: NAME/ADDRESS OF FINANCIAL INSTITUTION Thrivent Financial Bank 2000 E Milestone Drive Appleton, WI 54919-0001	FROM: NAME/ADDRESS OF SOLE PROPRIETORSHIP
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Words or phrases preceded by a are applicable only if the is marked.

THIS IS TO CERTIFY THAT, I, _____ ("Owner"), am doing business as ("d.b.a") a sole proprietor under the name of _____ ("Proprietorship"), filed at _____, in _____, on _____.

As of _____, this Resolution is in full force and effect and has not been amended or rescinded.

"IT IS RESOLVED THAT:

The above-named Financial Institution is designated as a depository of the Proprietorship. By virtue of such designation, the Owner is authorized to open and maintain a depository account or accounts of this Proprietorship with the Financial Institution, subject to the terms and conditions specified in the applicable Account Agreement(s), to deposit funds with said Financial Institution for the account of this Proprietorship and to endorse in the name of this Proprietorship checks, drafts or orders "for deposit only," and such endorsement may be written or stamped without the designation of the Owner making the endorsement;

The Financial Institution is authorized to pay out any funds at any time standing to the credit of this Proprietorship with the Financial Institution and/or against any account of this Proprietorship with the Financial Institution. The Financial Institution is authorized to honor any checks, drafts or orders drawn on said Financial Institution and signed in the name of this Proprietorship by the Owner listed above, including any checks, drafts or orders drawn to the individual order of the Owner signing the name and/or tendered for deposit to the individual account of such Owner, until further written notice is received by Financial Institution;

The Financial Institution is authorized to honor facsimile and other non-manual signatures and may honor and charge the Proprietorship for all negotiable instruments, checks, drafts, and other orders for payment of money drawn in the name of the Proprietorship, on its regular accounts, including an order for electronic debit, whether by electronic tape or otherwise, regardless of by whom or by what means the facsimile signature or other non-manual signature may have been affixed, or electronically communicated, if such facsimile signature resembles the specimen attached to this Resolution or filed with the Financial Institution, regardless of whether any misuse of a specimen or non-manual signature is with or without the negligence of the Proprietorship. The Specimen Facsimile Signature Exhibit attached is incorporated into and is an integral part of this Resolution. Proprietorship indemnifies the Financial Institution for all claims, expenses, and losses resulting from the honoring of any signature certified or refusing to honor any signature not so certified;

The Owner is authorized for and on behalf of this Proprietorship to open and have access to a safe deposit box or safe deposit boxes, subject to the terms and conditions specified in the applicable Lease(s);

The Owner certifies that no one else (other than the Owner's spouse, if community property laws apply) has any right, title or interest in this Proprietorship. The Owner certifies to the Financial Institution that only such Owner is authorized to act on behalf of this Proprietorship under this Resolution unless otherwise authorized below, and shall from time to time hereafter, as any change in the form of the Proprietorship is made, immediately certify such change to the Financial Institution. The Owner appoints as agent(s) those whose signature(s) appear below to act on behalf of this Proprietorship. The Owner may remove such agent(s) at any time by giving written notice to the Financial Institution, but until the Financial Institution actually receives such written notice of revocation, the authority of the named person(s) shall remain in full force. The Financial Institution shall be fully protected in relying on such certifications of the Owner and shall be indemnified and held harmless from any claims, demands, expenses, loss or damage resulting from, or growing out of, honoring the signature of the Owner or agent(s) as certified, or refusing to honor any signature not so certified;

This Resolution shall remain in full force and effect until written notice of its amendment shall have been received by the Financial Institution, and that receipt of such notice shall not affect any action taken by the Financial Institution prior thereto; and

All transactions by the Owner of this Proprietorship on its behalf, and in its name, with the Financial Institution prior to the delivery to the Financial Institution of a certified copy of the foregoing Resolution is, in all respects, hereby ratified, confirmed, approved and adopted."

THIS RESOLUTION APPLIES TO: ALL ACCOUNTS SAFE DEPOSIT BOX NUMBER:
(Check all that apply)

SPECIFIC ACCOUNT NUMBER(S):

Authorized Agent(s) to Act on Behalf of the Sole Proprietorship	
Name(s) of Agent(s)	Signature(s) of Agent(s)
Owner Certification	
Owner's Signature X _____	

See attachment for additional instructions or comments. Attachment must be dated and properly authorized.