



CHANGING THE FUTURE OF
YOUTH SHOOTING SPORTS

MidwayUSA Foundation, Inc.

6001 W Van Horn Tavern Rd, STE C

Columbia, MO 65203-9258

MidwayUSAFoundation.org / 877.375.4570

Team Endowment Modification Requests

Designate the applicable change and follow the steps provided

Team Endowment CONTACT Update:

The Participating Organization's (team's) **point of contact** has changed.

The account name and EIN/W-9 will remain the same.

*Complete the **Endowment Contact Update** form (**Page 1**)

Team Endowment NAME Change:

The Participating Organization's (team's) **name** has changed.

The account will utilize the same EIN/W-9.

*Complete the **Endowment Name Change** form (**Page 2**)

Team Endowment IDENTITY Change:

The Participating Organization's (team's) **EIN/W-9** has changed.

The team must submit a copy of the **new** W-9.

*Complete the **Endowment Identity Change** form (**Page 3**)

Team Endowment FUNDS TRANSFER:

Endowment **funds are to be transferred** from one Participating Organization (team) to another (i.e. the Participating Organization is splitting into multiple entities or multiple Participating Organizations are consolidating).

*Complete the **Endowment Funds Transfer** form (**Page 4**)



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Team Endowment Contact Update

Request Submitted By (*must be an authorized Team Endowment Representative*)

Request Submittal Date:	
Auth. Rep. Information:	Name/Title:
	Phone Number:
	Email:

Team Endowment Detail

Team Endowment Name:	
Team ID:	

Team Endowment Contact Update Detail

Former Contact Information:	Name/Title:
	Phone Number:
	Email:
Former Contact Signature:	
Newly Designated Contact Information:	Name/Title:
	Phone Number:
	Email:
Newly Designated Contact Signature:	

By signing above we acknowledge and approve the modification of the Team Endowment contact information.
All modifications are subject to approval by the MidwayUSA Foundation, Inc.

Submit form to info@midwayusafoundation.org or fax to 573.447.5957



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Team Endowment Name Change

Request Submitted By (*must be an authorized Team Endowment representative*)

Request Submittal Date:			
Team Name:		Team ID:	
Auth. Rep. Information:	Name/Title:		
	Phone Number:		
	Email:		

Team Endowment Name Change Detail

Modify Team Endowment Name FROM	Modify Team Endowment Name TO

Auth. Rep. Signature:	
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By signing above I acknowledge and approve the name change of the listed Team Endowment account.
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Team Endowment Identity Change

Request Submitted By (*must be an Authorized Team Endowment Representative*)

Request Submittal Date:			
Team Name:		Team ID:	
Auth. Rep. Information:	Name/Title:		
	Phone Number:		
	Email:		

Reason for Team Endowment Identity Change (check applicable)

School affiliation removed (created a new entity or identifying with a new entity)	<input type="checkbox"/>	Team consolidation (created a new entity or identifying with a new entity)	<input type="checkbox"/>
Entity affiliation removed (created a new entity or identifying with a new entity)	<input type="checkbox"/>	Other	<small>Explanation</small>

Team Endowment Identity Change Detail

Former W-9 Information:	W-9 Name:	EIN:
Auth. Rep. Information:	Name/Title:	
	Phone Number:	
	Email:	
Auth. Rep. Signature:		

New W-9 Information:	W-9 Name:	EIN:
Auth. Rep. Information:	Name/Title:	
	Phone Number:	
	Email:	
Auth. Rep. Signature:		

By signing above we acknowledge and approve the modification of the listed Team Endowment account.

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Team Endowment Funds Transfer

Request Submitted By (*must be an Authorized Team Endowment representative*)

Request Submittal Date:	
Auth. Rep. Information:	Name/Title:
	Phone Number:
	Email:

Reason for Team Endowment Funds Transfer (check applicable)

Remove school affiliation		Consolidation	
Team separation (split)		Other	Explanation

Team Endowment Funds Transfer Detail

Transfer funds FROM	Fund Amount/Percent to Move	Transfer funds TO
Team ID:		Team ID:
Team Name:		Team Name:
Signature:		Signature:
Team ID:		Team ID:
Team Name:		Team Name:
Signature:		Signature:

Team Endowment Authorized Representative Detail

Auth. Rep. Information:	Team ID:
	Name/Title:
	Phone/Email:
	Team ID:
	Name/Title:
	Phone/Email:
	Team ID:
if applicable	Name/Title:
	Phone/Email:
	Team ID:
if applicable	Name/Title:
	Phone/Email:

By signing above we acknowledge and approve the transfer of funds between the listed Team Endowment account(s).

All modifications are subject to approval by the MidwayUSA Foundation, Inc.

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