



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) **contacts** require an update.

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 **newly designated** 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:			
Team Name:		Team ID:	
Auth. Rep. Information:	Name:	Title:	
	Phone Number:		
	Email:		

Team Endowment Contact Update Detail

Update Type (select one)	Remove	Add
Contact Information:	Name:	Title:
	Phone Number:	
	Email:	
Contact Signature:		

Update Type (select one)	Remove	Add
Contact Information:	Name:	Title:
	Phone Number:	
	Email:	
Contact Signature:		

Update Type (select one)	Remove	Add
Contact Information:	Name:	Title:
	Phone Number:	
	Email:	
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



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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	Explanation

Team Endowment Identity Change Detail

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

*Please submit the **newly designated W-9** along with the Identity Change form*

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	<input type="checkbox"/>	Consolidation	<input type="checkbox"/>
Team separation (split)	<input type="checkbox"/>	Other	<input type="checkbox"/>
		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:	
if applicable	Team ID:	
	Name:	Title:
	Phone/Email:	
if applicable	Team ID:	
	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.

Submit form to info@midwayusafoundation.org