

AUTHORIZATION TO ADD OR REMOVE ADVISORS

I, (giver name) _____ of
(Fund name) The _____ Fund,
Fund # _____ authorize National Christian Foundation to:

Select one:

- Add (release information, including current, historical data & transactions into & out of the Fund)
 Remove (terminate all access & all rights to the Fund)

1. Name & Title: _____ Company (if applicable): _____
Address: _____
Email: _____ Phone: _____
Type of Advisor: Financial Advisor Attorney Accountant Ministry Rep. Company Rep.
 Family (specify) _____ Other: _____

Level of Access: Full Access: Can act on behalf of giver Advisor: Recommend grants Reviewer: Read only access

Select one:

- Add (release information, including current, historical data & transactions into & out of the Fund)
 Remove (terminate all access & all rights to the Fund)

2. Name & Title: _____ Company (if applicable): _____
Address: _____
Email: _____ Phone: _____
Type of Advisor: Financial Advisor Attorney Accountant Ministry Rep. Company Rep.
 Family (specify) _____ Other: _____

Level of Access: Full Access: Can act on behalf of giver Advisor: Recommend grants Reviewer: Read only access

This authorization is effective until I/we notify you otherwise.

Primary Fund Holder Signature (Required)

Date

Additional Fund Holder Signature (Required)

Date