

REQUEST TO MOVE GIVING FUND RELATIONSHIP MANAGEMENT

Thank you for making the decision to transition the relationship management of your Giving Fund from one NCF office to another. By completing this form you are requesting that the relationship management of your Giving Fund be moved to another office within NCF's network. Your Fund information – including the name, number, and giving history – will not change. You can continue using your current User ID and password to login to our website. Please email, fax, or mail your request to NCF for processing.

I, (Primary Fund Holder Name)

Address

Telephone

Fund name(s)

Fund number(s)

Move Fund from this NCF Office.

Move Fund to this NCF Office

This request is effective unless I/we notify NCF otherwise.

Primary Fund Holder Signature (Required)

Date

Additional Fund Holder Signature (Required)

Date