

Authorization To Add Or Remove Advisors

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

IDENTIFY THE ADVISOR:

Name, Title, & Firm Name (if applicable)			Date of Birth
Mailing Address	City	State	Zip
Phone	Email		

What Change Would You Like To Make in reference To The Advisor?

- ADD (release information, including current, historical data & transactions into & out of the Fund)
- REMOVE (terminate all access & all rights to the Fund)
- CHANGE ROLE From: _____ To: _____

CHOOSE AN ADVISOR ROLE:

- Fund Role:** Fund Holder Primary Fund Holder Spouse Fund Holder Fund Participant
 Financial Advisor Attorney Accountant Organization Contact

CHOOSE A LEVEL OF ACCESS:

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

Please note: Anyone with Full or Advisor access must be at least 18 years of age.

Primary Fund Holder Signature (Required)

Date

Additional Fund Holder Signature (Required)

Date