

# 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 (Recommended)

\_\_\_\_\_  
Date