

## FUND APPOINTMENT FORM

To appoint individual(s) as Successor Advisor(s), Fund Advisor(s), or Interested Party(ies), please complete this form.

Fund Name \_\_\_\_\_

Present Advisor(s) \_\_\_\_\_

Additional Fund Representative \_\_\_\_\_

Successor Advisor

Additional Fund Advisor

Interested Party

Donor Central Access

Donor Central Access

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ E-mail \_\_\_\_\_

Additional Fund Representative \_\_\_\_\_

Successor Advisor

Additional Fund Advisor

Interested Party

Donor Central Access

Donor Central Access

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ E-mail \_\_\_\_\_

I/We, as the donor(s), request that the Successor Advisor(s) named be given the opportunity to make grant suggestions to the Foundation:

individually

with a majority

I/We, as the donor(s), request that the Successor Advisor(s) named assume this responsibility:

on the following date: \_\_\_\_\_

on the death of the present Advisor(s)

on a date to be determined by the present Advisor(s)

The Successor Advisor(s) may request distributions from:

income only

income and principal

Would you like to add your Successor Advisor(s) to our mailing list? Yes No

Name of Present Advisor(s) \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Please return by mail, email, or fax.