NCF National Christian Foundation®

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, and 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, and transactions into and out of the fund)

☐ Remove (terminate all access and all rights to the fund)

☐ CHANGE ROLE From: _____ To: _____

CHOOSE AN ADVISOR ROLE:

Fund role:

☐ Fundholder primary ☐ Fundholder spouse ☐ Fundholder ☐ Fund participant

☐ Financial advisor ☐ Attorney ☐ Accountant ☐ Organization contact

CHOOSE A LEVEL OF ACCESS:

Level of access:

☐ **Full:** May manage all aspects of the fund on behalf of the fundholder.

☐ **Advisory:** May recommend grants, change investment allocations, request fund transfers, make gifts, view fund activity, and view or change most fund settings. Can't add/remove users.

☐ **Reviewer:** May be informed of activity but does not have access to act on behalf of the fund.

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

_____ _____
Primary fundholder signature (required) Date

_____ _____
Additional fundholder signature (required) Date