



Advisor Information Form

For Individual & Family Funds

Fund Name(s): _____

 Fund Number(s): _____

Please complete the information below to authorize the addition or removal of individuals associated with the Fund.

In completing the form, please choose from the following levels of authority:

- 1. Advisor:** Access monthly statements (online), advise on investment strategies, view fund information & recommend grants
- 2. Successor Advisor:** Advisory privileges after initial Advisor(s) cease to serve
- 3. Online Fund Access:** Access monthly statements (online), view fund information & recommend grants (with the same authority as the Advisor)
- 4. Online Fund Access "View Only":** Access monthly statements (online), view fund information & history only

Add New Individual:

1.

_____		_____	
FULL NAME (first, middle, last)		PREFERRED SALUTATION (e.g., Mr. James L. Smith)	
_____		_____	
HOME ADDRESS		CITY	STATE
_____		_____	
RELATIONSHIP TO DONOR		DATE OF BIRTH (optional)	
_____		_____	
BUSINESS OR ORGANIZATION NAME		TITLE	
_____		_____	
BUSINESS ADDRESS		CITY	STATE
_____		_____	
HOME PHONE	BUSINESS PHONE	E-MAIL (preferred)	

Choose one level of authority, as defined above:

- Add Advisor
 Add Successor Advisor
 Add Online Fund Access
 Add Online Fund Access "View Only"

2.

FULL NAME (first, middle, last)

PREFERRED SALUTATION (e.g., Mr. James L. Smith)

HOME ADDRESS

CITY STATE

RELATIONSHIP TO DONOR

DATE OF BIRTH (optional)

BUSINESS OR ORGANIZATION NAME

TITLE

BUSINESS ADDRESS

CITY STATE

HOME PHONE BUSINESS PHONE

E-MAIL (preferred)

Choose one level of authority, as defined above:

Add Advisor

Add Successor Advisor

Add Online Fund Access

Add Online Fund Access "View Only"

Remove Individual(s):

FULL NAME (first, middle, last)

FULL NAME (first, middle, last)

FULL NAME (first, middle, last)



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Execution & Agreement to Indemnify

This form must be signed by at least one Advisor to the Gift Fund(s). In consideration of the Foundation's continued administration of the Gift Fund(s) and for other good and valuable consideration, the undersigned hereby agrees to indemnify and hold harmless the Foundation against any liability, cost or expense which the Foundation may incur by reason of (i) the Foundation acting upon instructions or recommendations given to the Foundation by any of the authorized persons named above or (ii) the Foundation refusing to act upon instructions or recommendations given to the Foundation by the persons named above. The Foundation shall be entitled to rely upon, and shall not incur any liability for relying upon, any notice, request, statement, instrument, document, electronic message or other communication, whether written or oral, believed by it to be genuine.

Signature

The undersigned hereby certifies that the Gift Fund(s) are subject to the policies of the Foundation For The Carolinas and that the information set forth in this document is true and accurate to the best of my (our) knowledge.

Signature:

By: _____

Name: _____

Date: _____

Please return **signed copy** to the FFTC Donor Relations Team at donorrelations@fftc.org.