

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:

- Full Access Advisor:** Access monthly statements (online), advise on investment strategies, view fund information & recommend grant distributions
- Successor Advisor:** Advisory privileges after initial Advisor(s) cease to serve
- Distributions Access:** Access monthly statements (online), view fund information & recommend grant distributions (with the same authority as the Advisor)
- Fund Viewer:** 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

DATE OF BIRTH (MM/DD/YYYY)

RELATIONSHIP TO DONOR

CITYSTATE

BUSINESS OR ORGANIZATION NAME

HOME PHONE

BUSINESS ADDRESS

TITLE

BUSINESS PHONE

CITYSTATE

E-MAIL (preferred)

Choose one level of authority, as defined above:

☐ Full Access Advisor

☐ Successor Advisor

☐ Distributions Access

☐ Fund Viewer



Advisor Information Form

For Individual & Family Funds
Page 2

2.

FULL NAME (first, middle, last)

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

HOME ADDRESS

DATE OF BIRTH (MM/DD/YYYY)

RELATIONSHIP TO DONOR

CITY

STATE

BUSINESS OR ORGANIZATION NAME

HOME PHONE

BUSINESS ADDRESS

TITLE

BUSINESS PHONE

CITY

STATE

E-MAIL (preferred)

Choose one level of authority, as defined above:

☐ Full Access Advisor

☐ Successor Advisor

☐ Distributions Access

☐ Fund Viewer

Remove Individual(s):

FULL NAME (first, middle, last)

FULL NAME (first, middle, last)

FULL NAME (first, middle, last)



Advisor Information Form

For Individual & Family Funds

Page 3

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.