FOUNDATION FOR THE CAROLINAS

Representative Information Form

For Nonprofit Funds

Fund Name(s): _____

_____

Fund Number(s): _____

Please complete the information below to authorize the addition or removal of individuals associated with the Fund, including individuals who are authorized to act on behalf of a nonprofit entity.

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

1. **Representative:** Access monthly statements (online), advise on investment strategies, view fund information & recommend distributions
2. **Online Fund Access:** Access monthly statements (online), view fund information & recommend distributions (with the same authority as the Representative)
3. **Online Fund Access "View Only":** Access monthly statements (online), view fund information & history only

Add New Individual:

1.

FULL NAME (first, middle, last) _____ TITLE _____

BUSINESS OR ORGANIZATION NAME _____ MAILING ADDRESS _____

PHONE _____ PREFERRED E-MAIL _____ CITY _____ STATE _____ ZIP _____

Choose one level of authority, as defined above:

☐ Add Representative ☐ Add Online Fund Access ☐ Add Online Fund Access "View Only"

2.

FULL NAME (first, middle, last) _____ TITLE _____

BUSINESS OR ORGANIZATION NAME _____ MAILING ADDRESS _____

PHONE _____ PREFERRED E-MAIL _____ CITY _____ STATE _____ ZIP _____

Choose one level of authority, as defined above:

☐ Add Representative ☐ Add Online Fund Access ☐ Add Online Fund Access "View Only"

220 North Tryon Street • Charlotte, NC 28202 • phone 704.973.4500 or 800.973.7244 • fax 704.973.4599 • www.fftc.org
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FOUNDATION FOR THE CAROLINAS

Representative Information Form

For Nonprofit Funds

3.

FULL NAME (first, middle, last) | TITLE

BUSINESS OR ORGANIZATION NAME | MAILING ADDRESS

PHONE | PREFERRED E-MAIL | CITY | STATE | ZIP

Choose one level of authority, as defined above:

☐ Add Representative ☐ Add Online Fund Access ☐ Add Online Fund Access "View Only"

4.

FULL NAME (first, middle, last) | TITLE

BUSINESS OR ORGANIZATION NAME | MAILING ADDRESS

PHONE | PREFERRED E-MAIL | CITY | STATE | ZIP

Choose one level of authority, as defined above:

☐ Add Representative ☐ Add Online Fund Access ☐ Add Online Fund Access "View Only"

Remove Individual(s):

FULL NAME (first, middle, last)

☐ Check here if individual was an employee/officer/board member and is no longer affiliated with the organization.

FULL NAME (first, middle, last)

☐ Check here if individual was an employee/officer/board member and is no longer affiliated with the organization.

FULL NAME (first, middle, last)

☐ Check here if individual was an employee/officer/board member and is no longer affiliated with the organization.

ACH Email Notification Recipient:

If you are removing an individual who is the current ACH grant notification email recipient for your organization, please identify the name and email address of the individual who should now receive the notification.

NAME | EMAIL ADDRESS

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Certificate of Authority & Agreement to Indemnify

This form must be signed by the Secretary or any other authorized officer or representative of the nonprofit organization *who is not being added as a Representative above* to certify the names of the officers or representatives authorized to act on the organization's behalf and to bind it with regard to the indemnification set out below. This form shall remain in effect until a written revocation signed by the secretary or other authorized officer or representative of the organization has been received by Foundation For The Carolinas ("Foundation") and until the Foundation has had a reasonable period of time to act upon such revocation.

In consideration of the Foundation's continued administration of the Agency Fund(s) for the benefit of the organization named below and for other good and valuable consideration, such organization 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

I hereby certify that (i) each person whose name, title and information appears above is authorized by resolution of the governing body of the organization named below to act on behalf of such organization in connection with any Agency Fund at the Foundation established by such organization, including the making of distribution and investment recommendations to the Foundation, (ii) that all Agency Funds are subject to the policies of the Foundation and that the information set forth in this document is true and accurate to the best of my knowledge, and (iii) I am a duly authorized officer or representative of the nonprofit organization with the right, power and authority to execute and deliver this Agreement, and that all necessary corporate action has been taken to grant such right, power and authority.

_____
Name of Nonprofit Entity

_____
Name of Authorized Signer (Printed)

(As noted above, the authorized signer may not add him/herself as a Representative on the Fund(s))

_____
Signature

_____
Title

_____
Date

Please return ***signed copy*** to the FFTC Donor Operations Team at support@fftc.org.

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