



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

You may also designate:

- A. **Spendable Letter Recipient (one representative per fund):** Receives annual spendable letter detailing the available amount for distribution from an Endowed Gift Fund

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"

If Relevant:

- Designate as Spendable Letter Recipient (one representative per Fund)



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2.

FULL NAME (first, middle, last)

HOME ADDRESS

RELATIONSHIP TO DONOR

BUSINESS OR ORGANIZATION NAME

BUSINESS ADDRESS

HOME PHONE BUSINESS PHONE

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

CITY STATE

DATE OF BIRTH (optional)

TITLE

CITY STATE

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"

If Relevant:

- Designate as Spendable Letter Recipient (one representative per Fund)

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.