

DONOR ADVISED FUND ADDITIONAL INTERESTED PARTIES



FUND NAME _____ **FUND NUMBER** _____

Please make the following additions/changes to my fund:

ADDITIONAL INTERESTED PARTIES

Roles:

Fund Advisor (FA): Full advisory privileges over a fund, including grant recommendations, investment recommendations, naming of successor advisors, and other fund administration advisory privileges.

Grant Representative (GR): Full advisory privileges over grant recommendations but no other fund administration privileges.
e.g. Philanthropic Advisor/Consultant

Interested Party (INT): Access to review fund information online but no advisory privileges, *e.g. Financial Advisor, Legal Counsel*

Name: _____

Name: _____

Address: _____

Address: _____

City, ST, ZIP: _____

City, ST, ZIP: _____

Cell Phone: _____

Cell Phone: _____

Alt Phone: _____

Alt Phone: _____

Email: _____

Email: _____

Birthdate: _____

Birthdate: _____

Role: FA GR INT

Role: FA GR INT

This document may be executed in counterparts. All executed copies are duplicate original. The parties agree that the transmission of an executed copy of this Rider by facsimile shall be valid and binding and shall have the same full force and effect as if an executed original of this Rider had been delivered.

Fund Advisor Name: _____

Fund Advisor Name: _____

Fund Advisor Signature: _____

Fund Advisor Signature: _____

Accepted By:

Federation Name: _____

Federation Title _____

Federation Signature: _____

Date: _____