

# 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: \_\_\_\_\_

PLEASE RETURN TO: JEWISH COMMUNITY FEDERATION OF SAN FRANCISCO, THE PENINSULA, MARIN AND SONOMA COUNTIES  
ATTENTION: DONOR-ADVISED FUNDS, 121 STEUART ST., SAN FRANCISCO, CA 94105  
PH: 415.512.6225 | FAX: 415.495.6635 | EMAIL: DAF@SFJCF.ORG