

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)

DATE OF BIRTH (mm/dd/yyyy)

POSITION / JOB TITLE

RELATIONSHIP TO DONOR

BUSINESS OR ORGAINZATION NAME

HOME ADDRESS  
(address lines, city, state zip)

BUSINESS ADDRESS  
(address lines, city, state zip)

PREFERRED PHONE

BUSINESS PHONE

PREFERRED EMAIL

**Choose one level of authority, as defined above:**

☐ Full Access Advisor

☐ Successor Advisor

☐ Distributions Access

☐ Fund Viewer



# Advisor Information Form

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2.

FULL NAME (first, middle, last)

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

DATE OF BIRTH (mm/dd/yyyy)

POSITION / JOB TITLE

RELATIONSHIP TO DONOR

BUSINESS OR ORGANIZATION NAME

HOME ADDRESS  
(address lines, city, state zip)

BUSINESS ADDRESS  
(address lines, city, state zip)

PREFERRED PHONE

BUSINESS PHONE

PREFERRED EMAIL

**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

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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 Operations Team at [support@fftc.org](mailto:support@fftc.org)