



# Agency Fund Authorization Form

## Nonprofit Information

Nonprofit Name (full corporate name required)

Fund Name

### Primary Authorized Signatory (The Foundation recommends listing the CEO or Executive Director.)

The Primary Authorized Signatory has full advisory privileges over a fund, including grant recommendations, investment recommendations, naming of successor advisors and other fund administration privileges. All advisory recommendations must be submitted in writing and signed by both the Primary and Secondary Contacts. The Primary Contact will receive log-in credentials for the Fund on the Foundation's donor portal for purposes of viewing Fund activity.

Name

MR    MS    MRS    DR

Nonprofit or Board Title

Mailing Address, City, State, Zip

Direct Phone

Email Address

### Secondary Authorized Signatory (The Foundation recommends listing the CFO or Board Treasurer.)

The Secondary Authorized Signatory has full advisory privileges over a fund, including grant recommendations, investment recommendations, naming of successor advisors and other fund administration privileges. All advisory recommendations must be submitted in writing and signed by both Primary and Secondary Contact.

Name

MR    MS    MRS    DR

Nonprofit or Board Title

Mailing Address, City, State, Zip

Direct Phone

Email Address

Primary Contact Signature

Secondary Contact Signature

Print Name

Date

Print Name

Date