



OFFICE USE ONLY
FUND ID _____
DATE _____

ADVISOR AUTHORIZATION FORM

To change advisors to a Donor-Advised Fund

NAME OF FUND: _____

Complete this form to change authorized advisors for a Donor-Advised Fund at Triangle Community Foundation. Please review the terms and conditions in the Fund Guidelines. For a current copy or more information, contact our staff.

Authorized Fund Advisors

Please provide us with the information requested below for each authorized advisor to the fund. All correspondence will be sent to Advisor 1. Please attach additional pages if there are more than three advisors.

Advisor 1 Full Name (First, Middle, Last): _____

Relationship to Donor or Current Advisor _____

Title/Company Name (if Corporate Donor) _____

Mailing Address (Street, City, State, Zip): _____

Primary Phone: _____ Email: _____ Birthdate: _____

Advisor 2 Full Name (First, Middle, Last): _____

Relationship to Donor or Current Advisor _____

Title/Company Name (if Corporate Donor) _____

Mailing Address (Street, City, State, Zip): _____

Primary Phone: _____ Email: _____ Birthdate: _____

Advisor 3 Full Name (First, Middle, Last): _____

Relationship to Donor or Current Advisor _____

Title/Company Name (if Corporate Donor) _____

Mailing Address (Street, City, State, Zip): _____

Primary Phone: _____ Email: _____ Birthdate: _____

In the event these advisors can no longer serve, and the donor or current advisor(s) have not chosen successor advisors, please indicate:

These advisors may appoint new advisors

These advisors may NOT appoint new advisors

Your Charitable Interests

Please indicate the charitable interests that are most important to you.

Arts, Culture, Humanities

Health

Education or Youth

Human Services

Environment and Animals

Nonprofit Innovation or Capacity Building

Acknowledgments and Authorized Signatures

All Current Donor(s)/Advisor(s) must sign below.

Donor/Advisor 1 signature_____

Print name_____Date:_____

Donor/Advisor 2 signature_____

Print name_____Date:_____

Donor/Advisor 3 signature_____

Print name_____Date:_____

Foundation staff signature_____

Print name & title_____Date:_____