



UPDATE YOUR DONOR-ADVISED FUND

Please complete the applicable sections of this form and return to service@growyourgiving.org.
Once approved by the Community Foundation, we will return a fully signed copy to you.

If you wish to change how your Fund is invested or name a new financial advisor to manage the assets in the Fund, please complete and return a new Investment Recommendation Form or log in to your fund online and submit changes under the "Investments" tab.

1 Your Fund Name Please provide the name of the Fund currently on file at the Community Foundation.

Name of Fund

Fund ID

2 Change Fund Name If you'd like to change the name of the Fund, provide the new name here.

New Name of Fund

3 Add a Fund Advisor If you'd like to add a new Fund Advisor, please provide their information here. You can name additional Fund Advisors in Section 8.

Fund Advisors:

- make recommendations for all Fund-related matters, including grants and investments.
- have online access to view fund statements and recommend grants.

First Name

Middle Name or Initial

Last Name

Suffix

Preferred Name or Nickname *(if different than first name)*

Date of Birth

Address Home Work

City

State

Zip Code

Phone Home Work Cell

Email Address

4

Add a Successor Advisor

If you'd like to add a new Successor Advisor, please provide their information here. You can name additional Successor Advisors in Section 8.

Successor Advisors make grant and investment recommendations for the Fund after the Fund Advisors are no longer able or willing to do so.

First Name	Middle Name or Initial	Last Name	Suffix
Preferred Name or Nickname <i>(if different than first name)</i>		Date of Birth	
Address	<input type="checkbox"/> Home <input type="checkbox"/> Work	City	State Zip Code
Phone	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	Email Address	
Relationship to Fund Advisor(s)			

5

Change Successor Advisor Recommendation

Completing this section will change how your Successor Advisors will act when making recommendations for the Fund. This section is only applicable if you've named more than one Successor Advisor.

Please indicate how you would like your Successor Advisors to act when making recommendations for the Fund, after the Fund Advisors are no longer able or willing to do so. *(Select One)*:

Independently

By Majority

By Unanimous Consent

6

Add Another Individual to Your Fund

Use this section to name other individuals to your Fund. Please indicate the permissions you want to provide to each person. You can name additional individuals in Section 8.

First Name	Middle Name or Initial	Last Name	Suffix
Organization		The individual named here has permission to:	
Email Address		<input type="checkbox"/> Receive Fund Information When They Inquire	
Relationship to Fund Advisor(s)		<input type="checkbox"/> View Fund Activity (Online Access to the Fund)	
		<input type="checkbox"/> Submit Grant Requests on Behalf of Fund Advisor(s)*	
		<input type="checkbox"/> Request Grants*	
		<input type="checkbox"/> Change Investments*	

*Permission to View Fund Activity Required

First Name	Middle Name or Initial	Last Name	Suffix
Organization		The individual named here has permission to:	
Email Address		<input type="checkbox"/> Receive Fund Information When They Inquire <input type="checkbox"/> View Fund Activity (Online Access to the Fund) <input type="checkbox"/> Submit Grant Requests on Behalf of Fund Advisor(s)* <input type="checkbox"/> Request Grants* <input type="checkbox"/> Change Investments*	
Relationship to Fund Advisor(s)			

**Permission to View Fund Activity Required*

First Name	Middle Name or Initial	Last Name	Suffix
Organization		The individual named here has permission to:	
Email Address		<input type="checkbox"/> Receive Fund Information When They Inquire <input type="checkbox"/> View Fund Activity (Online Access to the Fund) <input type="checkbox"/> Submit Grant Requests on Behalf of Fund Advisor(s)* <input type="checkbox"/> Request Grants* <input type="checkbox"/> Change Investments*	
Relationship to Fund Advisor(s)			

**Permission to View Fund Activity Required*

7 Remove Fund Access To remove an individual from your fund, please provide their information here. This will terminate their access to the Fund.

First and Last Name
First and Last Name
First and Last Name

8

Additional Changes

Please include any additional changes you'd like to make to your Fund.

Large empty rectangular box for additional changes.

9

Date and Signature(s)

Signature

Date

Printed Name

Signature

Date

Printed Name

Accepted by: _____ Date _____
Greater Kansas City Community Foundation