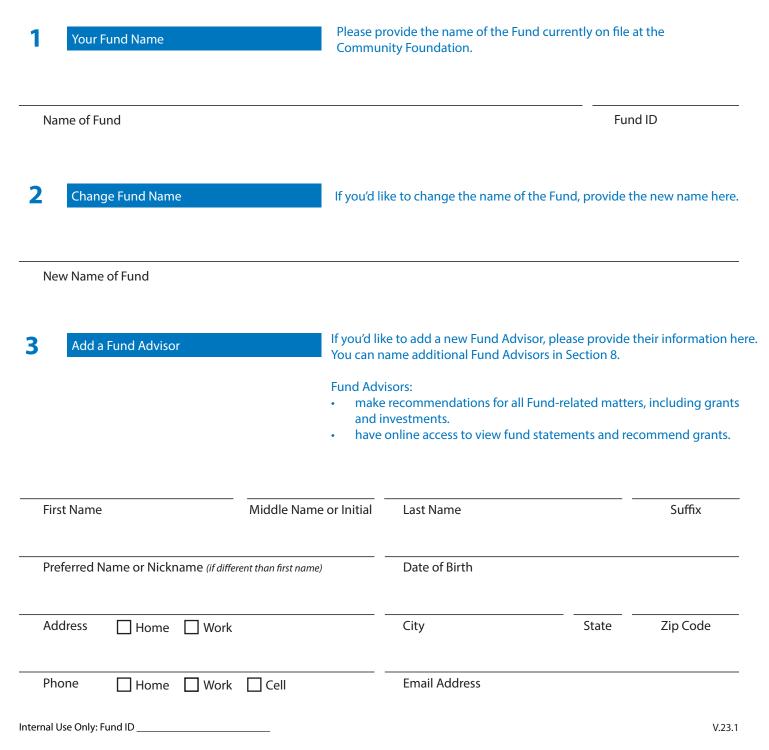


UPDATE YOUR DONOR-ADVISED FUND

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.



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 (if different than first name)		Date of Birth		
Address Home Work		City	State	Zip Code
Phone Home Work	Cell	Email Address		
Relationship to Fund Advisor(s)				
5 Change Successor Advisor Rec Please indicate how you would like your	act wher applicab	ing this section will change h making recommendations f le if you've named more than	or the Fund. This s one Successor Ac	ection is only lvisor.
Advisors are no longer able or willing to		_	animous Consent	
6 Add Another Individual to You	Please in	ection to name other individ dicate the permissions you w name additional individuals ir	ant to provide to e	
	Middle Name or Initial	Last Name		Suffix
Organization			re has permission ormation When Th ty (Online Access t	ey Inquire
Organization Email Address		 Receive Fund Info View Fund Activit 	ormation When Th ty (Online Access t	ey Inquire

First Name	Middle Name or Initi	al Last Name	Suffix		
		The individual named here h	as permission to:		
Organization		Receive Fund Inform	Receive Fund Information When They Inquire		
		View Fund Activity (Online Access to the Fund)		
Email Address		Submit Grant Reque	sts on Behalf of Fund Advisor(s)*		
		Request Grants*			
Relationship to Fund Advisor(s)		Change Investments	*		
		*Peri	mission to View Fund Activity Required		
First Name	Middle Name or Initi	al Last Name	Suffix		
		The individual named here h	as permission to:		
Organization		Receive Fund Inform	ation When They Inquire		
		View Fund Activity (Online Access to the Fund)		
Email Address		Submit Grant Reque	sts on Behalf of Fund Advisor(s)*		
		Request Grants*			
Relationship to Fund Advisor(s)		Change Investments	*		
		*Peri	mission to View Fund Activity Required		
		nove an individual from your fund, _I his will terminate their access to th			
First and Last Name					
First and Last Name					
First and Last Name					

9 Date and Signature(s)

Signature		Date		
Printed Name				
Signature		Date		
Printed Name				
	Accepted by:			
	Greater Kansas City Community Foundation		Date	
