

## UPDATE YOUR DONOR ADVISED FUND

*Please complete the applicable sections.*

### YOUR DONOR ADVISED FUND

\_\_\_\_\_  
Name of Fund

\_\_\_\_\_  
Fund ID

#### 1. CHANGE YOUR FUND NAME

\_\_\_\_\_  
New Fund Name

#### 2. ADD OR REMOVE A FUND ADVISOR

Fund Advisors make recommendations for all fund-related matters, including grants and investments. Fund Advisors have online access to view fund statements and recommend grants. List additional changes in Section 5.

Add Fund Advisor listed below

Remove Fund Advisor listed below *(terminate access to the fund)*

Mr.   Mrs.   Ms.   Dr.   Other: \_\_\_\_\_

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Initial

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Suffix

\_\_\_\_\_  
Preferred Name or Nickname

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Address

Home

Work

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Phone

Home

Work

Cell

\_\_\_\_\_  
Email Address



### 3. ADD OR REMOVE A SUCCESSOR ADVISOR

Successor Advisors make grant and investment recommendations for the fund after the Fund Advisors are no longer able or willing to do so. List additional changes in Section 5.

Add Successor Advisor listed below

Remove Successor Advisor listed below *(terminate access to the fund)*

Mr. Mrs. Ms. Dr. Other: \_\_\_\_\_

\_\_\_\_\_  
First Name Middle Initial Last Name Suffix

\_\_\_\_\_  
Preferred Name or Nickname Date of Birth

\_\_\_\_\_  
Address Home Work City State Zip Code

\_\_\_\_\_  
Phone Home Work Cell Email Address

\_\_\_\_\_  
Relationship to Fund Advisor(s)

Please indicate how you would like your Successor Advisor(s) to act making recommendations for the fund.

Select one: Independently By Majority By Unanimous Consent

### 4. ADD OR REMOVE A PROFESSIONAL ADVISOR

Professional advisors include accountants, attorneys, and financial advisors with whom the Long Beach Community Foundation may share information about your fund should they inquire. List additional changes in Section 5.

Add the following Professional Advisor

Remove the following Professional Advisor *(terminate access to the fund)*

\_\_\_\_\_  
Professional Advisor Name & Profession Firm Name

If you wish to change how your fund is invested, please complete and return the Investment Recommendation Form.

### 5. ADDITIONAL CHANGES

Use the space below if you would like to document any additional information about the changes you have requested.

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### 6. SIGNATURE(S)

Insert electronic signature(s) below or print this form, sign it, and return it to LBCF via email or U.S. Postal mail.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Printed Name

Accepted by: \_\_\_\_\_ Date \_\_\_\_\_  
*(Long Beach Community Foundation)*