



**FUND AUTHORIZATION FORM**

**ORGANIZATION NAME:** \_\_\_\_\_

for all funds for which this organization is the founder

or

individual fund name: \_\_\_\_\_

**Effective as of this date:** \_\_\_\_\_

The Main and Alternative Contact Persons are the official representatives of your organization, authorized by your organization’s governing body, to take action on the funds for which your organization is the founder. This includes communicating your organization’s recommendations on investment options, grant distributions, audit requests, and other fund related items.

\_\_\_\_\_  
 Main Contact

\_\_\_\_\_  
 Alternate Contact

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 City/State/Zip

\_\_\_\_\_  
 City/State/Zip

\_\_\_\_\_  
 Phone

\_\_\_\_\_  
 Phone

\_\_\_\_\_  
 Email

\_\_\_\_\_  
 Email

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Signature

From the MyFund portal you can view fund balances, see recent gifts to the fund and make grant recommendations.

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Yes, please provide me MyFund access.

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