



Request to Revise an Established Fund

Enter the name of the fund and then only the information that you wish to change. Leave all other fields blank. Please mail, email Info@CatholicFoundationMichigan.org or fax completed form to (248) 592-7010.

Fund Name: _____

Indicate Requested Changes:

- Change Name of Fund*
Change Purpose*
Change Distribution Criteria*
Change On-Site Beneficiary Contact Person - for endowments or donor-designated funds only
Change Fund Advisor
Change Successor Fund Advisor

*Change request will need additional documentation and may need finance council and/or board approval.

New Fund Name: _____

New Fund Purpose: _____

New Distribution Criteria: _____

Change On-Site Beneficiary Contact Person: For Endowments or Donor-Designated Funds Only.

Please identify up to one person to serve as an on-site contact for the fund.

- Remove the Following On-Site Contact: _____
Add the Following On-Site Contact Person:

Table with 2 columns: Name (Title, First Name, Last Name) and Contact Info (Primary/Secondary phone number, Email address, LinkedIn link)

Change of Fund Advisors: Please identify up to two people to serve as advisors to the fund. In order for the Foundation to accept distribution instructions from Fund Advisor(s), we must have that Fund Advisors contact information and signature on file. Unless the Foundation is notified otherwise inwriting, each Fund Advisor shall have the full, equal and independent privilege to direct distributions.

- Remove the Following Fund Advisor(s): _____

Add the Following Fund Advisor(s):

Primary Advisor				Additional Primary Advisor			
Title	First Name	Last Name	Suffix	Title	First Name	Last Name	Suffix
Mailing Address				Mailing Address			
City/State/ZIP				City/State/ZIP			
Date of Birth				Date of birth			
Primary Phone		Second Phone		Primary Phone		Second Phone	
Email Address				Email Address			
Receive Online Fund Statements? <input type="checkbox"/> YES <input type="checkbox"/> NO				Receive Online Fund Statements? <input type="checkbox"/> YES <input type="checkbox"/> NO			

Successor Advisors: *You may wish that, upon the death, resignation or incapacity of the last surviving Fund Advisor, advisory privileges for your Fund transfer to successors who you name below.*

- Remove the Following Successor Advisor(s): _____
- Add the Following Successor Advisor(s):

Successor Advisor #1				Successor Advisor #2			
Title	First Name	Last Name	Suffix	Title	First Name	Last Name	Suffix
Mailing Address				Mailing Address			
City/State/ZIP				City/State/ZIP			
Primary Phone		Date of Birth		Primary Phone		Date of Birth	
Email Address				Email Address			

 Fund Advisor 1 Printed Name *(Required)* Fund Advisor 1 Signature *(Required)* Date

 Fund Advisor 2 Printed Name *(Optional)* Fund Advisor 2 Signature *(Optional)* Date