

## Additional Donor or Advisor Form

### Account Information

\_\_\_\_\_  
Giving Fund Account Name

\_\_\_\_\_  
Giving Fund Account ID

### Additional Donor Information

The Donors of the account have full and equal rights to recommend grant distributions and to elect the successors of the account.

#### Additional Donor #1

*(Primary recipient for all account communication)*

Mr.  Mrs.  Ms.  Dr.  Other

#### Additional Donor #2

Mr.  Mrs.  Ms.  Dr.  Other

\_\_\_\_\_  
Name (First, Middle, Last)

\_\_\_\_\_  
Name (First, Middle, Last)

\_\_\_\_\_  
Social Security No.                      Date of Birth

\_\_\_\_\_  
Social Security No.                      Date of Birth

\_\_\_\_\_  
Home Address (must not contain P.O. Box)

\_\_\_\_\_  
Home Address (must not contain P.O. Box)

\_\_\_\_\_  
City                                      State                      Post Code

\_\_\_\_\_  
City                                      State                      Post Code

\_\_\_\_\_  
Business Phone                      Home Phone

\_\_\_\_\_  
Business Phone                      Home Phone

\_\_\_\_\_  
Email                                      Mother's Maiden

\_\_\_\_\_  
Email                                      Mother's Maiden

### Donor Notifications

The Additional Donors will receive email statements unless you check the box(es) below.

- Additional Donor 1:** I wish to receive paper statements instead of electronic.  
 **Additional Donor 2:** I wish to receive paper statements instead of electronic.

### Remove Existing Donor

The following individual(s) should no longer have access to the account.

\_\_\_\_\_  
Name (First, Middle, Last)

\_\_\_\_\_  
Name (First, Middle, Last)

## Advisor

The Donor(s) of the account may give professional advisors (such as financial advisors, CPAs, attorneys, etc.) access to the account.

<b>Advisor Name</b>	<b>Title</b>	<b>Firm</b>
<b>Mailing Address</b>	<b>City</b>	<b>State</b> <b>Post Code</b>
<b>Email</b>	<b>Daytime Phone</b>	

This individual has:

- Full Access** (authority to recommend grants and investment allocation, and receive statements)
- Read Only** (can see grants and account activity, and receive statements)

## Advisor Notifications

Your advisor will receive email notifications that your statement is available for download unless you check the box below to receive paper statements.

- My advisor wishes to receive paper statements instead of electronic.**

## Remove Advisor

The following individual(s) should no longer have access to the account.

\_\_\_\_\_  
**Advisor Name**

\_\_\_\_\_  
**Advisor Name**

## Signatures

I acknowledge that I have read the Program Circular and agree to the terms and/or conditions described therein. I understand that any contribution, once accepted by ImpactAssets, Inc. represents an irrevocable contribution and is not refundable to me. I hereby certify that, to the best of my knowledge, all information presented in connection with this application is accurate, and I will promptly notify ImpactAssets, Inc. in writing of any changes. (Please attach any additional donor signatures.)

_____ <b>Primary Donor Signature</b>	_____ <b>Name (Please Print)</b>	_____ <b>Date</b>
_____ <b>Additional Donor 1 Signature</b>	_____ <b>Name (Please Print)</b>	_____ <b>Date</b>
_____ <b>Additional Donor 2 Signature</b>	_____ <b>Name (Please Print)</b>	_____ <b>Date</b>