



Advisor Information Form

For Corporate Funds

Fund Name(s): _____

Fund Number(s): _____

Please complete the information below to authorize the addition or removal of individuals associated with the Fund, including individuals who are authorized to act on behalf of a corporate entity.

In completing the form, please choose from the following levels of authority:

- 1. Advisor:** Access monthly statements (online), advise on investment strategies, view fund information & recommend grants
- 2. Online Fund Access:** Access monthly statements (online), view fund information & recommend grants (with the same authority as the Advisor)
- 3. Online Fund Access "View Only":** Access monthly statements (online), view fund information & history only

Add New Individual:

1. _____

FULL NAME (first, middle, last) TITLE

BUSINESS OR ORGANIZATION NAME MAILING ADDRESS

PHONE PREFERRED E-MAIL CITY STATE ZIP

Choose one level of authority, as defined above:

Add Advisor Add Online Fund Access Add Online Fund Access "View Only"

2. _____

FULL NAME (first, middle, last) TITLE

BUSINESS OR ORGANIZATION NAME MAILING ADDRESS

PHONE PREFERRED E-MAIL CITY STATE ZIP

Choose one level of authority, as defined above:

Add Advisor Add Online Fund Access Add Online Fund Access "View Only"



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3.

FULL NAME (first, middle, last)

TITLE

BUSINESS OR ORGANIZATION NAME

MAILING ADDRESS

PHONE PREFERRED E-MAIL

CITY STATE ZIP

Choose one level of authority, as defined above:

Add Advisor

Add Online Fund Access

Add Online Fund Access "View Only"

4.

FULL NAME (first, middle, last)

TITLE

BUSINESS OR ORGANIZATION NAME

MAILING ADDRESS

PHONE PREFERRED E-MAIL

CITY STATE ZIP

Choose one level of authority, as defined above:

Add Advisor

Add Online Fund Access

Add Online Fund Access "View Only"

Remove Individual(s):

FULL NAME (first, middle, last)

Check here if individual is a former employee and is no longer affiliated with the organization.

FULL NAME (first, middle, last)

Check here if individual is a former employee and is no longer affiliated with the organization.

FULL NAME (first, middle, last)

Check here if individual is a former employee and is no longer affiliated with the organization.



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Certificate of Authority & Agreement to Indemnify

This form must be signed by the Secretary or any other authorized officer or representative of the corporate entity who is not being added as an Advisor above, to certify the names of the officers or representatives authorized to act on the corporation's behalf and to bind it with regard to the indemnification set out below. This form shall remain in effect until a written revocation signed by the secretary or other authorized officer or representative of the corporation has been received by Foundation For The Carolinas ("Foundation") and until the Foundation has had a reasonable period of time to act upon such revocation.

In consideration of the Foundation's continued administration of the Gift Fund(s) for the benefit of the corporate entity named below and for other good and valuable consideration, such entity hereby agrees to indemnify and hold harmless the Foundation against any liability, cost or expense which the Foundation may incur by reason of (i) the Foundation acting upon instructions or recommendations given to the Foundation by any of the authorized persons named above or (ii) the Foundation refusing to act upon instructions or recommendations given to the Foundation by the persons named above. The Foundation shall be entitled to rely upon, and shall not incur any liability for relying upon, any notice, request, statement, instrument, document, electronic message or other communication, whether written or oral, believed by it to be genuine.

Signature

Each of the undersigned hereby certifies that (i) each person whose name, title and information appears above is authorized by resolution of the governing body of the corporation named below to act on behalf of such entity in connection with any Gift Fund at the Foundation established by such entity, including the making of grant and investment recommendations to the Foundation, (ii) that all Gift Funds are subject to the policies of the Foundation and that the information set forth in this document is true and accurate to the best of my (our) knowledge, and (iii) he or she is a duly authorized officer or representative of the corporate entity with the right, power and authority to execute and deliver this agreement, and that all necessary corporate action has been taken to grant such right, power and authority.

Name of Corporate Entity

Name of Authorized Signer (Printed)

(As noted above, the authorized signer may not add him/herself as an Advisor on the Fund(s))

Signature

Title

Date

Please return **signed copy** to the FFTC Donor Relations Team at donorrelations@fftc.org.