

Appointment of Authorized Party

Updated May 2023



Authorized Parties are advisors, family members, or office managers who have permission to view and obtain confidential information about your fund balance, contribution and grant history, and financial information by phone, fax, mail or online.

SELECT ONE:

Add the person listed below to my fund.

Please remove the person listed below from my fund.

The person listed below replaces _____ on my fund.

A. Fundholder Information

Fundholder name

Name of fund

Fund #

B. I designate the following person:

Name of Authorized Party

Relationship to Fundholder

*Date of birth – required for security purposes

Business name (if applicable)

Preferred address

Home

Business

City

State

Zip

Preferred phone

Home

Cell

Business

Email

C. The Authorized Party listed above has the following additional privileges (check all that apply):

Sign grant recommendations on my behalf during my lifetime for the above mentioned fund.

Recommend grants in his or her own name during my lifetime for the above mentioned fund.

Sign investment recommendations on my behalf during my lifetime for the above mentioned fund.

No additional privileges.

D. Signatures

I certify that: (1) I am a Fundholder on this account and therefore authorized to make this request; (2) all information on this form is accurate; and (3) I will notify the Jewish Communal Fund of any changes.

Fundholder Signature

Date

Acknowledged for Jewish Communal Fund by

Date