



Affiliate Fund Advisor Change Form

Complete this form to change your Affiliate Fund Advisor information. You can change the contact information for new or updated Fund Advisors. Please complete and sign the form below, and send to ACF by email or mail.

Current Primary Fund Advisor Information

Fund Name _____

Primary Advisor _____

Primary Fund Advisor Change

YES

NO

Any changes to the Primary Fund Advisor's information will become the primary contact for your Affiliate fund(s) and all correspondence, unless otherwise noted.

Mr.

Mrs.

Ms.

Dr.

First Name _____ Last Name _____

Address _____

Email _____ Telephone # _____

Secondary Fund Advisor Change

YES

NO

Change a secondary Fund Advisor below. To indicate additional changes, please attach a separate sheet.

Mr.

Mrs.

Ms.

Dr.

First Name _____ Last Name _____

Address _____

Email _____ Telephone # _____



Acknowledgement of Fund Advisor Change

By signing below, I consent to the changes included on this form. I certify that, to the best of my knowledge, all information in connection with this form is accurate.

Form must be signed by the current Primary Fund Advisor, the new Primary Fund Advisor (if applicable), and the Secondary Fund Advisor (if applicable).

Signature of Current Primary Fund Advisor

Date

Printed Name of Current Primary Fund Advisor

Signature of **New Primary** Fund Advisor

Date

Printed Name of **New Primary** Fund Advisor

Signature of **New Secondary** Fund Advisor

Date

Printed Name of **New Secondary** Fund Advisor

Please return this completed form by email: msarafin@alaskacf.org or by mail to:

The Alaska Community Foundation

Attention: Mariko Sarafin

3201 C. St., Suite 110

Anchorage, AK 99503