



Catholic Foundation of Southwest Iowa

Agency Fund Signatory Change Form

Please scan and email this completed form to: contact@cfswia.org

**Note* Do not send the completed form to an individuals email.
If they are out of the office, the form may not get processed timely.*

Full Access Advisor = can approve distributions, signatory changes and investment changes for funds

View Only Advisor = can only view your online account for funds

Date: _____

Fund(s) Name and #: _____

If any of these sections don't apply to you, skip over them. No matter which portion of the form you are using, please make sure to have the area below signed by CURRENT Full Access Advisor(s).

Signature of only the required number of your fund are needed to facilitate this change. We have allowed room for up to three signatures.

Below you must have the signatures of individuals who we CURRENTLY have on file as Full Access Advisor rights, NOT the people you are adding to this form.

Signatures of only the required number signatures on your agreement are needed to facilitate this change. We have simply allowed for up to four signatures.

Authorized Advisor #1 printed name

Authorized Advisor #1 signature

Authorized Advisor #2 printed name

Authorized Advisor #2 signature

Authorized Advisor #3 printed name

Authorized Advisor #3 signature

For CFSWIA use only:

copy in fund folder

copy sent to Accounting

Please completely **remove the following individual(s)** as Full Access Advisors or View Only Advisors for the above fund(s): _____

Please **change the status of these CURRENT Full Access Advisors** on our fund(s) to **View Only Advisor**:

Name: _____
Name: _____
Name: _____
Name: _____

Please **add the following NEW View Only Advisor(s)** (no signature is required for view only):

Name #1: _____
Address: _____ City, State, Zip: _____
Phone: _____ Email: _____
Name #2: _____
Address: _____ City, State, Zip: _____
Phone: _____ Email: _____
Name #3: _____
Address: _____ City, State, Zip: _____
Phone: _____ Email: _____

Please change the number of Full Access Advisors required to approve disbursements, investment, or signatory changes from _____ signatures to _____ Full Access Advisor signatures.

Please **add the following as NEW Full Access Advisor(s)**:

Note: Our system allows one account per person. If any of your advisors are listed on other funds, be sure they use the same email as their already-established account.

Name #1: _____ Signature: _____
Address: _____ City, State, Zip: _____
Phone: _____ Email: _____
Name #2: _____ Signature: _____
Address: _____ City, State, Zip: _____
Phone: _____ Email: _____
Name #3: _____ Signature: _____
Address: _____ City, State, Zip: _____
Phone: _____ Email: _____
Name #4: _____ Signature: _____
Address: _____ City, State, Zip: _____
Phone: _____ Email: _____