

AUTHORIZATION TO ADD OR REMOVE ADVISORS

I, (advisor name) _____ of
(Fund name) The _____ Fund,
Fund # _____ authorize National Christian Foundation to:

Select one:

- Add (release information, including current, historical data & transactions into & out of the fund)
 Remove (terminate all access & all rights to the fund)

1. Name: _____ Company (if applicable): _____

Address: _____

Email: _____ Phone: _____

Type of Advisor: Financial Advisor Attorney Accountant Ministry Rep. Company Rep.

Family (specify) _____ Other: _____

Level of Access: Full Access with Granting Rights Read / View Only

Select one:

- Add (release information, including current, historical data & transactions into & out of the fund)
 Remove (terminate all access & all rights to the fund)

2. Name: _____ Company (if applicable): _____

Address: _____

Email: _____ Phone: _____

Type of Advisor: Financial Advisor Attorney Accountant Ministry Rep. Company Rep.

Family (specify) _____ Other: _____

Level of Access: Full Access with Granting Rights Read / View Only

This authorization is effective until I/we notify you otherwise.

Advisor Signature

Date

Additional Advisor Signature

Date