

**CLAY CENTER COMMUNITY IMPROVEMENT FOUNDATION**  
**AUTHORIZED FUND REPRESENTATIVE(S) UPDATE FORM**

**Name of Fund:** \_\_\_\_\_

This Form supersedes all previously executed Authorized Fund Representative Forms for the Fund specified above. Authorized Fund Representatives have the exclusive privilege to recommend: 1) distributions/grants, 2) changes to the investment of fund assets, and 3) continuity and distribution upon dissolution. Please refer to the Foundation's Policies and Procedures for Operating an Agency or Designated Fund regarding the policy for updating authorized representatives to the Fund. All fund correspondence will be sent to Authorized Fund Representative 1, unless otherwise specified. If more than two authorized representatives are desired, please attach additional information to this form. The Foundation recommends that the Authorized Fund Representative(s) review and provide the Foundation with updated contact information as needed on a yearly basis, or more often as necessary, by completing and submitting an Authorized Fund Representative Update Form.

**Authorized Fund Representative 1**

\_\_\_\_\_  
Designation by Position/Title and/or Name (e.g. Director of XYZ Agency, currently Mr. John R. Smith)

\_\_\_\_\_  
Business or Organization Name (if applicable)

\_\_\_\_\_  
Mailing Address City State Zip

\_\_\_\_\_  
Business Phone

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
E-Mail

**Authorized Fund Representative 2**

\_\_\_\_\_  
Designation by Position/Title and/or Name (e.g. Director of XYZ Agency, currently Mr. John R. Smith)

\_\_\_\_\_  
Business or Organization Name (if applicable)

\_\_\_\_\_  
Mailing Address City State Zip

\_\_\_\_\_  
Business Phone

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
E-Mail

**Authorized Fund Representative Privileges**

Unless otherwise specified below, each Authorized Fund Representative will have full and equal advisory privileges.

I/We desire that recommendations as to the investment of the fund assets, distributions/grants from the Fund, and continuity and distribution upon dissolution be made as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Authorized Fund Representative(s)**

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Received by the Clay Center Community Improvement Foundation: Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Initials: \_\_\_\_\_

Form Rev. 9/25/11