



Authorization to Add or Remove Advisors

I, (advisor name) _____ of
(Fund name) The _____ Fund,
Fund # _____ authorize **Saddleback Giving Funds** 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