



# Community Fund Management Foundation

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**Where Quality of Life Matters**

## Opt-Out of Paper Statements

(Return completed form to address or fax number above.)

\_\_\_\_\_ By checking this box, I am electing not to receive paper statements for the below-referenced Community Fund Management Foundation (“CFMF”) Trust. I understand that by completing this form, I will receive log-in information for [www.cfmfonline.org](http://www.cfmfonline.org), where I will have the ability to review daily account activity and view and print current and historical statements. I may revoke this election at any time by submitting a written notice by mail or fax to CFMF. I understand my revocation will not be effective until thirty (30) days after CFMF receives my written notice to resume paper statements, and my website access will then terminate.

\_\_\_\_\_ Date

\_\_\_\_\_ Designated Advocate’s Signature

\_\_\_\_\_ Designated Advocate’s Printed Name

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone Number(s) \_\_\_\_\_

Email Address \_\_\_\_\_

Beneficiary Name \_\_\_\_\_

Agreement No. \_\_\_\_\_

(Please include the letter(s) and 8 digit number)

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