



Community Fund Management Foundation

17900 Jefferson Park, Suite 102 • Middleburg Heights, OH 44130

Fax: (216) 867-9783 • www.cfmf.org

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, 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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