



Community Fund Management Foundation dba Community Fund Ohio

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

Fax: (216) 867-9783 • www.cfmf.org

Where Quality of Life Matters

CHANGING THE DESIGNATED ADVOCATE

The person who established the trust is permitted to change the Designated Advocate as stated in Section 6 of the Joinder Agreement. Please complete this form and return the original to the address above. If more than one person established the trust, each person must sign a page 3, Signature Page, separately. Every signature page must be witnessed by two disinterested adults or notarized.

I am the person who established the Community Fund Management Foundation Pooled Trust and wish to exercise my right to change the current primary Designated Advocate and/or appoint new successor Designated Advocates.

Primary Designated Advocate (check either Organization DA or Individual DA):

Organization DA Name: _____

The name of the contact at the Organization DA is: _____

If an organization is nominated, a contact person must be identified. The organization will continue as DA even if the contact person is no longer with the organization. The organization's leadership may change the contact person pursuant to the Trust Advisor's policies.

Individual DA Name: _____

Title: Mr. Mrs. Ms. Miss Dr. Other: _____

Address: _____

City, State ZIP: _____

County: _____ Email: _____

Phone Number(s): _____

Relationship to the Beneficiary: _____

First Successor Designated Advocate (check either Organization DA or Individual DA):

Organization DA Name: _____

The name of the contact at the Organization DA is: _____

Individual DA Name: _____

Title: Mr. Mrs. Ms. Miss Dr. Other: _____

Address: _____

City, State ZIP: _____

County: _____ Email: _____

Phone Number(s): _____

Relationship to the Beneficiary: _____

Second Successor Designated Advocate (check either Organization DA or Individual DA):

Organization DA Name: _____

The name of the contact at the Organization DA is: _____

Individual DA Name: _____

Title: Mr. Mrs. Ms. Miss Dr. Other: _____

Address: _____

City, State ZIP: _____

County: _____ Email: _____

Phone Number(s): _____

Relationship to the Beneficiary: _____

Third Successor Designated Advocate (check either Organization DA or Individual DA):

Organization DA Name: _____

The name of the contact at the Organization DA is: _____

Individual DA Name: _____

Title: Mr. Mrs. Ms. Miss Dr. Other: _____

Address: _____

City, State ZIP: _____

County: _____ Email: _____

Phone Number(s): _____

Relationship to the Beneficiary: _____

Please attach additional pages if needed to appoint additional successor Designated Advocates.

Signature Page

If more than one person established the trust, each person must sign a page 3, Signature Page, separately. Every signature page must be witnessed by two disinterested adults or notarized.

Date	Signature of Person Who Established Trust Sub-Account
	Printed Name of Person Who Established Trust Sub-Account
Agreement Number	Beneficiary's Name

This Signature Page must be witnessed by two disinterested adults or notarized.

Date	Signature of Witness #1
	Printed Name of Witness #1
Date	Signature of Witness #2
	Printed Name of Witness #2

OR

Notary Acknowledgment

State of Ohio

County of _____ ss.

Before me, the undersigned Notary Public, personally appeared _____, known to me or satisfactorily proven to be the person whose name is subscribed to the above Appointment of Designated Advocate, and who has acknowledged that he/she executed the same for the purposes expressed therein. I attest that he/she appears to be of sound mind and not under or subject to duress, fraud or undue influence.

Date	Notary Public
------	---------------

Central Ohio
(614) 309-7117
CFMFCentral@cfmf.org

Administrative Office
(216) 736-4540
Info@cfmf.org

Southern Ohio
(513) 967-5612
CFMFSouthernOhio@cfmf.org