



DESIGNATION OF ADDITIONAL AUTHORIZED SIGNATORY FOR AN FJC FISCAL SPONSORSHIP PROGRAM FUND (please mail or fax)

Fund Name: _____

Fund Account No. _____

To FJC:

Kindly add the following individual as an Authorized Signatory for the Fund named above:

Name _____ Social Security Number _____

Address _____

Daytime Telephone _____ Fax _____

Signature of Additional Authorized Signatory _____ E-Mail _____

User ID - This will be used for accessing the FJC DonorWeb and submitting account requests via e-mail. Your ID may be 5-10 characters (min. of 2 alpha or numeric to be included). Please note that it is case sensitive. If you do not supply a User ID at this time FJC will generate a default ID for you.

Please send duplicate quarterly statements to the Additional Authorized Signatory named above:

_____ Yes _____ No

The above named individual has the following access rights to the FJC DonorWeb to view account information online:

_____ No Access _____ Read Only Access _____ Full Access

By:

Signature of Current Authorized Signatory _____ Print Name _____

Daytime Telephone _____ E-Mail _____

_____ Date

Kindly note that unless you advise FJC otherwise in writing, each Authorized Signatory shall have the full, equal and independent authority to execute Grant Requests and otherwise communicate with FJC on behalf of the Fund.