



Community Fund Ohio  
17900 Jefferson Park, Suite 102 • Middleburg Heights, OH 44130  
Phone: 216.736.4540 • Fax: 216.867.9783  
www.communityfundohio.org

### Changing the Designated Advocate

(Return completed form to address or fax number above)

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 separate Signature Page (page 3 of this packet). 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**

Every person who signed the original Joinder Agreement must sign a separate Signature Page. 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
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