



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

Primary Designated Advocate (Individual)
Acceptance of Appointment
(Return completed form to address or fax number above)

I accept the appointment as Primary Designated Advocate for the sub-account of the Community Fund Management Foundation Pooled Trust identified below and will act in the best interest of the Beneficiary.

I understand that I will be responsible for submitting distribution requests and Beneficiary Resource Records and I will receive all communication from the Trustee, Trust Advisor, or other related parties, including statements and tax documents. I also understand that I must quickly notify Community Fund Ohio if I move or resign, or if the Beneficiary moves or passes away.

My acceptance is effective as of _____, 20_____ .

_____	_____
Date	Signature of Designated Advocate

	Printed Name of Designated Advocate
Address	_____

Phone Number(s)	_____
Email Address	_____
Beneficiary's Name	_____
Agreement Number	_____
	(consisting of 1-2 letters and 8 numbers)