



Community Fund Ohio
 17900 Jefferson Park, Suite 102 • Middleburg Heights, OH 44130
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 www.communityfundohio.org

**Designated Advocate (Organization)
 Resignation**

(Return completed form to address or fax number above)

Please select one:

_____ The organization identified below hereby resigns as the currently serving Primary Designated Advocate and/or as a future Successor Designated Advocate for the sub-account of the Community Fund Management Foundation Pooled Trust identified below.

_____ The authorized representative of the organization identified below hereby resigns as the currently serving Primary Designated Advocate and/or as a future Successor Designated Advocate for the sub-account of the Community Fund Management Foundation Pooled Trust identified below. The organization, however, shall continue as Primary Designated Advocate and/or as a future Successor Designated Advocate and the leadership for the organization will appoint a new authorized representative in writing.

I understand that I will no longer receive information as Designated Advocate and I am no longer permitted to submit forms to Community Fund Ohio or request information about this sub-account.

This resignation will be effective on the day that Community Fund receives and processes it. It may take up to two weeks for processing. If the resignation occurs after statements have been prepared or released, the Designated Advocate may still receive a statement and should take steps to properly dispose of the confidential statement.

Date	Signature of Designated Advocate's Authorized Representative
	Printed Name of Designated Advocate's Authorized Representative
Organization's Name	_____
Address	_____
Phone Number(s)	_____
Email Address	_____
Beneficiary's Name	_____
Agreement Number	_____
	(consisting of 1-2 letters and 8 numbers)