

GROWFUND Account Update Form

Use this form (“**Account Update Form**”) to designate individuals (each a “**New Advisor**”) to have access to your Growfund Account, to change the name of your Growfund account, or to change investment options on your account.

Please check the box and fill in the relevant information for any Section where you want to provide updated information. Submit to support@mygrowfund.org.

If you would like to update your phone number, email address, or mailing address, please log on to your Growfund account to do so.

1. Account Holder

First Name	M.I.	Last Name	Growfund Account ID:
Phone Number		Email Address	

2. Change the Growfund Account Name

Proposed New Growfund Account Name*	
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**If the name requested is being used by another account, we will follow up with alternative options.*

3. Add a New Advisor/Advisors

In addition to the biographical and contact information requested below, please indicate whether each New Advisor shall be a Joint Advisor or a Secondary Advisor by checking the appropriate box. The roles of the Joint Advisor and Secondary Advisor are as follows:

Joint Advisor. Joint Advisor will share the same administrative privileges with the Primary Advisor over their Growfund Account, including the right to contribute funds to the account, grant funds from the account to organizations, receive account statements, and change account preferences. Joint Advisors may also name individuals to serve as Secondary Advisors.

Secondary Advisor. Secondary Advisor can contribute to the Growfund Account and access Growfund Account information, but cannot make grants and will not hold other administrative privileges.

Add an Advisor

First Name	M.I.	Last Name
Date of Birth	Phone Number	Email Address
[MM/DD/YYYY]		

Status of New Advisor: **Joint Advisor** **Secondary Advisor**

Add an Advisor

First Name	M.I.	Last Name
Date of Birth	Phone Number	Email Address
[MM/DD/YYYY]		

Status of New Advisor: **Joint Advisor** **Secondary Advisor**

Add an Advisor

First Name	M.I.	Last Name
Date of Birth	Phone Number	Email Address
[MM/DD/YYYY]		

Status of New Advisor: **Joint Advisor** **Secondary Advisor**

Add an Advisor

First Name	M.I.	Last Name
Date of Birth	Phone Number	Email Address
[MM/DD/YYYY]		

Status of New Advisor: **Joint Advisor** **Secondary Advisor**

4. Change Investment Option

New contributions will be allocated according to the selection below.
(ESG options are invested into companies that meet Environment, Social, and Governance standards)

- ___% FSP Growth ESG 86/14 Equity/Fixed Income Allocation
 - ___% FSP Moderate ESG 60/40 Equity/Fixed Income Allocation
 - ___% FSP Conservative ESG 33/67 Equity/Fixed Income Allocation
 - ___% ETF Growth 86/14 Equity/Fixed Income Allocation
 - ___% ETF Moderate (Balanced Pool) 60/40 Equity/Fixed Income Allocation
 - ___% ETF Conservative 33/67 Equity/Fixed Income Allocation
 - ___% Money Market Account
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- ___% Total Allocation (Must equal 100 percent)

5. Acknowledgements

By signing this Account Update Form, Primary Advisor:

- Agrees to be bound by the terms and conditions of this Account Update Form.
- Certifies and agrees that the certifications and authorizations in this Account Update Form are true and correct as of the date of the signature below.

If designating a New Advisor, Primary Advisor further:

- Designates the New Advisor named herein to have access to your Growfund Account and agrees to provide new advisor with the rights and privileges set forth in Section 3 above.
- Acknowledges that, if you have provided Joint Advisor privileges for the New Advisor, you authorize Growfund to allow the Joint Advisor to grant funds from the account to organizations, receive statements and change account preferences without further approval from you.
- Acknowledges that, if you have provided account access to the New Advisor, you authorize such New Advisor to access your Growfund information.
- Agrees that this authorization will remain in full force and effect unless you notify Growfund that any privileges or access provided hereunder is to be changed or terminated.

(If applicable) By signing this Account Update Form, New Advisor:

- Agrees to be bound by the Growfund Terms and Conditions (mygrowfund.org/terms) as well as the terms and conditions in this Account Update Form.
- Acknowledges that your access to the Growfund Account is for the express purpose of assisting the Primary Advisor, who has given you access to their Growfund Account.
- Acknowledges and understands that Growfund is providing this access to you at the direction of Primary Advisor (or a Joint Advisor) and that such access may be restricted or terminated at a later point at the direction of the Primary Advisor and without prior notification to you.

Signatures:

Primary Advisor Signature: _____ Date: _____

New Advisor Signature: _____ Date: _____
(if applicable)

New Advisor Signature: _____ Date: _____
(if applicable)

New Advisor Signature: _____ Date: _____
(if applicable)

New Advisor Signature: _____ Date: _____
(if applicable)