

Account Information Update

1 Account information

Donor name	Account name
Advisory role	
<input type="checkbox"/> Primary donor <input type="checkbox"/> Fund advisor <input type="checkbox"/> Successor advisor	

2 Change of account name

New account name (the **account number** will remain the same)

3 Fund advisor election Please indicate the desired change to fund advisor election(s).

Advisor 1

Add new
 Change fund advisor

Advisor 2

Add new
 Change fund advisor

Name <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Other	Name <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Other
Social Security number	Date of birth
Social Security number	Date of birth
Mailing address	Mailing address
City State Zip	City State Zip
Company name	Company name
Title	Title
Home phone	Home phone
Business phone Mobile phone	Business phone Mobile phone
E-mail address (optional)	E-mail address (optional)
Privileges extended <input type="checkbox"/> Ability to advise on allocation of account assets <input type="checkbox"/> Ability to submit grant recommendations <input type="checkbox"/> Ability to view the account online	Privileges extended <input type="checkbox"/> Ability to advise on allocation of account assets <input type="checkbox"/> Ability to submit grant recommendations <input type="checkbox"/> Ability to view the account online

4 Successor election

Please indicate the desired change to successor election(s).

Successor advisor 1

Add new Change successor advisor

Successor advisor 2

Add new Change successor advisor

Name <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Other	Name <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Other
Social Security number Date of birth	Social Security number Date of birth
Mailing address	Mailing address
City State Zip	City State Zip
Company name	Company name
Title	Title
Home phone	Home phone
Business phone Mobile phone	Business phone Mobile phone
E-mail address (optional)	E-mail address (optional)

5 Asset pool transfer

Please indicate the current Harris myCFO Foundation investment pool in which the account funds are invested and the investment pool to which you wish the account funds transferred. Recommendations for investment pool changes must be approved by the Foundation. This transfer of funds will not change the terms that apply to the account.

Transfer total funds from:

- Capital growth
- Moderate
- Income
- Highly conservative

Transfer total funds to:

- Capital growth
- Moderate
- Income
- Highly conservative

6 Naming a charitable beneficiary

If you decide to not select a successor advisor, you may instead recommend a qualified charity as the recipient of the assets remaining in the account after death.

Charitable organization 1

Add new Change charitable beneficiary

Charitable organization 2

Add new Change charitable beneficiary

Name	Name
Employer ID number (EIN)	Employer ID number (EIN)
Mailing address	Mailing address
City State Zip	City State Zip
Phone Fax	Phone Fax
E-mail address	E-mail address
Gifts to be used for the specific purpose (optional)	Gifts to be used for the specific purpose (optional)
% of assets to be distributed to organization	% of assets to be distributed to organization

7 Agree to terms

I understand that these changes will be subject to all terms that apply to the account. If there is more than one donor on the account, each donor has the right to make recommendations on the account.

Primary donor signature	Date
X	
Secondary donor signature	Date
X	

8 Submit this form to the Harris myCFO Foundation as follows:

Overnight delivery

Harris myCFO Foundation
1080 Marsh Rd, Suite 100
Menlo Park, CA 94025
877.692.3605

U.S. Mail

Harris myCFO Foundation
P.O. Box 10196
Palo Alto, CA 94303-0975

Fax

310.407.1192

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