



FUND ADVISORY COMMITTEE

Fund Name: _____ Effective Date: _____

Form Completed By: _____

1. First & Last Name: _____	FAC Office: _____
Mailing Address: _____	Type: _____
City: _____ State: _____	Zip: _____
Primary Phone: _____	Type: _____
Alternate Phone: _____	Type: _____
Primary Email: _____	
Alternate Email: _____	
<input type="checkbox"/> No changes to previous contact information	

2. First & Last Name: _____	FAC Office: _____
Mailing Address: _____	Type: _____
City: _____ State: _____	Zip: _____
Primary Phone: _____	Type: _____
Alternate Phone: _____	Type: _____
Primary Email: _____	
Alternate Email: _____	
<input type="checkbox"/> No changes to previous contact information	

3. First & Last Name: _____	FAC Office: _____
Mailing Address: _____	Type: _____
City: _____ State: _____	Zip: _____
Primary Phone: _____	Type: _____
Alternate Phone: _____	Type: _____
Primary Email: _____	
Alternate Email: _____	
<input type="checkbox"/> No changes to previous contact information	

4. First & Last Name: _____ **FAC Office:** _____

Mailing Address: _____ **Type:** _____

City: _____ **State:** _____ **Zip:** _____

Primary Phone: _____ **Type:** _____

Alternate Phone: _____ **Type:** _____

Primary Email: _____

Alternate Email: _____

No changes to previous contact information

5. First & Last Name: _____ **FAC Office:** _____

Mailing Address: _____ **Type:** _____

City: _____ **State:** _____ **Zip:** _____

Primary Phone: _____ **Type:** _____

Alternate Phone: _____ **Type:** _____

Primary Email: _____

Alternate Email: _____

No changes to previous contact information

6. First & Last Name: _____ **FAC Office:** _____

Mailing Address: _____ **Type:** _____

City: _____ **State:** _____ **Zip:** _____

Primary Phone: _____ **Type:** _____

Alternate Phone: _____ **Type:** _____

Primary Email: _____

Alternate Email: _____

No changes to previous contact information

7. First & Last Name: _____ **FAC Office:** _____

Mailing Address: _____ **Type:** _____

City: _____ **State:** _____ **Zip:** _____

Primary Phone: _____ **Type:** _____

Alternate Phone: _____ **Type:** _____

Primary Email: _____

Alternate Email: _____

No changes to previous contact information

8. First & Last Name: _____ **FAC Office:** _____

Mailing Address: _____ Type: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____ Type: _____

Alternate Phone: _____ Type: _____

Primary Email: _____

Alternate Email: _____

No changes to previous contact information

9. First & Last Name: _____ **FAC Office:** _____

Mailing Address: _____ Type: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____ Type: _____

Alternate Phone: _____ Type: _____

Primary Email: _____

Alternate Email: _____

No changes to previous contact information

10. First & Last Name: _____ **FAC Office:** _____

Mailing Address: _____ Type: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____ Type: _____

Alternate Phone: _____ Type: _____

Primary Email: _____

Alternate Email: _____

No changes to previous contact information

11. First & Last Name: _____ **FAC Office:** _____

Mailing Address: _____ Type: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____ Type: _____

Alternate Phone: _____ Type: _____

Primary Email: _____

Alternate Email: _____

No changes to previous contact information

12. First & Last Name: _____ **FAC Office:** _____

Mailing Address: _____ Type: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____ Type: _____

Alternate Phone: _____ Type: _____

Primary Email: _____

Alternate Email: _____

No changes to previous contact information

13. First & Last Name: _____ **FAC Office:** _____

Mailing Address: _____ Type: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____ Type: _____

Alternate Phone: _____ Type: _____

Primary Email: _____

Alternate Email: _____

No changes to previous contact information

14. First & Last Name: _____ **FAC Office:** _____

Mailing Address: _____ Type: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____ Type: _____

Alternate Phone: _____ Type: _____

Primary Email: _____

Alternate Email: _____

No changes to previous contact information

15. First & Last Name: _____ **FAC Office:** _____

Mailing Address: _____ Type: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____ Type: _____

Alternate Phone: _____ Type: _____

Primary Email: _____

Alternate Email: _____

No changes to previous contact information

ALL LISTED BELOW MUST BE FAC MEMBER(S)

If your fund has a general email address, please list it here: _____

If your fund has a general mailing address, please list it here (i.e. PO Box): _____

For funds listed on the NCF website, please list contact information to include on your page.

Contact Name: _____

Contact Phone: _____ Contact Email: _____

FAC Member to receive contribution notifications: _____

FAC Member to receive mailed financial statements: _____

FAC Members to have access to NCF Connect (limit of 3):

