



FUND ADVISORY COMMITTEE

Fund Name: _____ Effective Date: _____

Form Completed By: _____

No changes to previous contact information

1. First & Last Name: _____ FAC Office: _____
Mailing Address: _____ Type: _____
City: _____ State: _____ Zip: _____
Primary Phone: _____ Type: _____
Alternate Phone: _____ Type: _____
Primary Email: _____
Alternate Email: _____
Date of Birth: _____
(optional)

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: _____
Date of Birth: _____
(optional)

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: _____
Date of Birth: _____
(optional)

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: _____
Date of Birth: _____
(optional)

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: _____
Date of Birth: _____
(optional)

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: _____
Date of Birth: _____
(optional)

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: _____
Date of Birth: _____
(optional)

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: _____
Date of Birth: _____
(optional)

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: _____
Date of Birth: _____
(optional)

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: _____
Date of Birth: _____
(optional)

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: _____
Date of Birth: _____
(optional)

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: _____
Date of Birth: _____
(optional)

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: _____
Date of Birth: _____
(optional)

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: _____
Date of Birth: _____
(optional)

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: _____
Date of Birth: _____
(optional)

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):

