



**LIFE and LEGACY**  
Your Jewish Community Foundation

## Donor Advised or Philanthropic Fund Change Form

Complete this form to change your donor advised or philanthropic fund information. You can change your fund name, contact information, advisors or successor advisors for an existing donor advised fund. It is not necessary to enter information that has not changed. If you would like a copy of your current philanthropic fund plan and guiding document on file, please contact our office. Call (904) 512-3796 or email [kelliek@jewishjacksonville.org](mailto:kelliek@jewishjacksonville.org).

### What information do you wish to change?

(circle those that apply and fill out corresponding number on form below)

1. Donor Advised Fund Name

- NEW FUND NAME: \_\_\_\_\_

2. Advisor(s)

### 1. Change Donor Advised Fund Name:

### 3. Change Fund Advisor(s):

☐ Delete Fund Advisor(s): \_\_\_\_\_

☐ Add New Fund Advisor(s):

First Name, MI, Last Name

Street Address

City / State/ Zip

Email / Phone Number

☐ Add New Fund Advisor(s)

First Name, MI, Last Name

Street Address

City / State / Zip

Email / Phone Number

### 3. Change Successor Advisor(s) and/or Charitable Beneficiary:

You may name individuals as Successor Advisors to succeed you in advising JFJ regarding your fund after the death of the Advisors OR you may elect to name JFJ and/or specific charities as Charitable Beneficiaries of your fund. These recommendations may be changed at any time. To indicate additional Successor updates, attach a separate sheet.

☐ **Delete Successor Advisor(s)** \_\_\_\_\_

☐ **Add New Successor Advisor**

First Name, MI, Last Name \_\_\_\_\_

Street Address \_\_\_\_\_

City / State / Zip \_\_\_\_\_

Email / Phone Number \_\_\_\_\_

☐ **Add New Successor Advisor**

First Name, MI, Last Name \_\_\_\_\_

Street Address \_\_\_\_\_

City / State / Zip \_\_\_\_\_

Email / Phone Number \_\_\_\_\_

☐ **Update Charitable Beneficiary**

Utilize the Jewish Foundation's Guiding Document to outline your charitable beneficiaries and plans.

### Acknowledgement of Terms:

I certify that, to the best of my knowledge, all information in connection with this form is accurate and I will notify JFOM in writing of any changes.

\_\_\_\_\_  
Donor Advisor Signature

\_\_\_\_\_  
Date (month, day, year)

\_\_\_\_\_  
Printed Name

**Return completed form and other documentation by mail or email to:**

Jewish Community Foundation | 8505 San Jose Blvd | Jacksonville, FL 32217 | [kelliek@jewishjacksonville.org](mailto:kelliek@jewishjacksonville.org)