

**UNIVERSITY OF ARKANSAS FOUNDATION, INC.
REQUEST TO CHANGE ACCOUNT INFORMATION**

To change the Account Signer, please complete Form UAFound 002.

ACCOUNT NUMBER: _____

ACCOUNT NAME: _____

Please change the Account Name on the above account to:

Your request will be reviewed and may require additional documentation.

Please change the instruction for the quarterly earnings distribution on the above account to:

AUTHORIZED BY:

ACCOUNT SIGNATORY: _____

DATE:

Return completed form to:

FOUNDATION USE ONLY:
REV BY: