

EXHIBIT "A"
Onward! A Legacy Foundation
PO Box 26
Cortez, CO 81321

Name of Fund: _____

Contact Name: _____

Email: _____ Phone: _____ Fax: _____

Address: _____

Fund Advisory Committee:

Chairperson:

1) _____ (name, position)

_____ (street address)

_____ (city, state, zip)

_____ (phone)

_____ (email)

_____ Yes _____ No (Access to financial information through the online portal)

2) _____ (name, position)

_____ (street address)

_____ (city, state, zip)

_____ (phone)

_____ (email)

_____ Yes _____ No (Access to financial information through the online portal)

3) _____ (name, position)

_____ (street address)

_____ (city, state, zip)

_____ (phone)

_____ (email)

_____ Yes _____ No (Access to financial information through the online portal)

4) _____ (name, position)

_____ (street address)

_____ (city, state, zip)

_____ (phone)

_____ (email)

_____ Yes _____ No (Access to financial information through the online portal)

Any changes or additions to the fund advisory committee listed either above and/or on an attached form must be made pursuant to a written resolution by the chairperson of this committee.