

Return To: Ruth Halcomb, Investments and Endowment Management

From:

Date:

Re: Endowment Title

54-department #: 54-

Endowment Contact/Administrator Form

Please complete and return this form to identify those persons designated as the contact/administrator of your department's endowment(s). It is necessary to provide an updated copy to Investments and Endowment Management each time there is a personnel change. If you are providing information for multiple endowments, please attach a list identifying each endowment's title and respective 54 department number.

The Endowment Management System (EMS) website is the resource to view the endowment's financial transaction history, current and historical market values, and to submit distributions. Each person identified below will be provided access to this resource (access is limited to WMU personnel).

Page 1 Identify individual designated to request spendable dollar distributions (all distributions must be submitted via the EMS website).

Page 2 Identify the contact person(s) responsible to address issues/questions with regards to utilization of the endowment.

Page 3 If needed, identify other staff to receive web access to view the endowment's financial status.

The EMS web address is: <https://access.fundriver.com/wmu>.

Please return the completed form to Investments and Endowment Management via email (ruth.halcomb@wmich.edu) or facsimile (7-4155). If you have questions, do not hesitate to contact Nick Griffith at 7-4131 or Ruth Halcomb at 7-4134.

◆ **Individual Designated to Submit Endowment Draws/Distributions (please note: all draws are submitted via the EMS Website):**

Department Name: _____

Last Name: _____

First Name: _____

WMU Email Address: _____

Campus Phone Number: _____

Facsimile Number: _____

◆ **Contact Person(s)** - (persons to whom questions and communications are directed regarding the endowment):

Primary Contact:

Department Name: _____

Last Name: _____

First Name: _____

WMU Email Address: _____

Campus Phone Number: _____

Facsimile Number: _____

Secondary Contact:

Department Name: _____

Last Name: _____

First Name: _____

WMU Email Address: _____

Campus Phone Number: _____

Facsimile Number: _____

◆ **Other Staff who requires access to view the EMS Website:**

Department Name: _____

Last Name: _____

First Name: _____

WMU Email Address: _____

Campus Phone Number: _____

Facsimile Number: _____

◆ **Other Staff who requires access to view the EMS Website:**

Department Name: _____

Last Name: _____

First Name: _____

WMU Email Address: _____

Campus Phone Number: _____

Facsimile Number: _____