

Donor-Advised Fund Application Form (Please Print)

Section A: Donor Information. (Attach additional sheets as necessary.) All correspondence will be sent to the first account holder listed below. If there is more than one account holder listed, DonorsTrust will require signatures from all account holders for any recommended grant disbursements or changes to this application form.

Account Holder _____

Preferred Salutation _____

Mailing Address _____

City, State, Zip _____

Phone / Fax _____

Email Address _____

Joint Account Holder _____

Preferred Salutation _____

Mailing Address _____

City, State, Zip _____

Phone / Fax _____

Email Address _____

Relationship _____

Section B: Donor-Advised Fund Name. You have the privilege of choosing your fund name (e.g. Jane and John Doe Fund, The Doe Family Fund, The Freedom Fund, etc.) Unless you wish to remain anonymous, grants made from your fund are sent to the charity with a letter including your fund's name and your name and address.

Fund Name: _____

Section C: Anonymity. Choose one of the following options to identify your default grant distributions. You may indicate differently when advising a grant.

- | | | |
|--|---|---|
| <input type="checkbox"/> Account Name Only | <input type="checkbox"/> Account Name & Full Name | <input type="checkbox"/> Account Name, Full Name, & Address |
| <input type="checkbox"/> Anonymous | <input type="checkbox"/> Case-by-case Basis | |

Section D: Contribution. Please indicate the contribution amount that will open your donor-advised fund. Make checks payable to "DonorsTrust." For non-cash gifts or wire transfers, consult the *Asset Transfer Guidelines*.

Donor-Advised Fund. _____ (\$10,000 minimum initial gift.)

Indicate check amount or name / amount of transferred assets.

Section E: Investment Allocation. Please indicate how you wish to invest your contributions. You may recommend the money market fund and/or one equity fund as an investment strategy. Investment fees will not exceed 1% of the account balance. For additional information about each fund and investment performance, please contact DonorsTrust.

☐ **Money Market Fund** \$ _____ OR _____ %

This asset allocation option invests in money market funds. This profile offers the most secure means of protecting principal by investing in high-quality and liquid money market instruments managed to keep their share price stable. Money market fund holdings do not incur investment fees. It is suitable for charitable capital that account holders expect to grant out over a **zero to two year time horizon**. Money market portfolios are designed for immediate liquidity.

☐ **Conservative** \$ _____ OR _____ %

The objective of the conservative target allocation is to seek current income, rather than long-term growth, through investments that target an asset allocation of 25% equities and 75% fixed income. It is suitable for account holders who are seeking short term grantmaking potential over a **two to four year time horizon**. The primary goals are principal preservation and current income through a majority allocation to the fixed-income asset class. Limited investments in the equity-linked and alternative asset classes may be undertaken to produce capital appreciation and additional sources of current income.

☐ **Moderate** \$ _____ OR _____ %

The objective of the moderate target allocation is to strike a balance between bonds for current income and stocks for growth of capital through investments that target an asset allocation of 50% equities and 50% fixed income. It is suitable for account holders who are seeking long-term grantmaking potential on the order of **four to six years**. This strategy balances potential capital appreciation and current income, using a combination of fixed-income, equity-linked and alternative asset classes.

☐ **Growth** \$ _____ OR _____ %

The objective of the growth target allocation is to achieve above-average growth over time through investments that target an asset allocation of 75% equities and 25% fixed income. It is suitable for account holders who are seeking long-term grantmaking potential on the order of **seven to ten years**.

Section F: Donor Intent. You are encouraged to describe your charitable principles, interests, and goals so that DonorsTrust may better preserve your donor intent. Your intent must fall within (or not contradict) the purposes and mission of DonorsTrust. To further protect your intent, the Trust strongly encourages you to limit the life of your donor-advised fund to a term of twenty years or less (after your death).

Attach additional sheets as necessary.

Term Limit of Donor-Advised Fund. (Choose One Option)

- ☐ I would like my donor-advised fund to close on _____ or _____ years after my death.
- ☐ I would like my donor-advised fund to end with the death of all original account holders.
- ☐ I would like my donor-advised fund to end with the death of my last successor.

Section G: Successor-Advisors. You may appoint trusted individuals as successor-advisors to your fund. If you name more than one successor, please indicate how the remainder assets will be held. If **jointly**, both successors must sign each grant recommendation form. If **separately**, indicate how the fund will be split among the successors. A minimum of \$10,000 is required to establish each split account. *If you do not choose a successor, your account will terminate according to your term limit (see Section F) and disbursed to your beneficiaries (see Section H).*

Successor Name _____

Mailing Address _____

City, State, Zip _____

Preferred Phone _____

Preferred Fax _____

Email Address _____

Relationship _____

Successor Name _____

Mailing Address _____

City, State, Zip _____

Preferred Phone _____

Preferred Fax _____

Email Address _____

Relationship _____

☐ **Jointly Held Account** OR

☐ **Split Account** \$ _____ or _____ %

☐ **Jointly Held Account** OR

☐ **Split Account** \$ _____ or _____ %

Attach additional sheets as necessary.

Section H: Beneficiaries. At your fund's termination, you may transfer the remaining assets to one or more of the following options: the DonorsTrust Unrestricted Fund, a Strategic Venture Fund, or one or more qualified public charities. The DonorsTrust board of directors will allocate resources only to those charities that are in keeping with your principles and the Trust's purposes. *If you do not specify a beneficiary by the date of your fund's termination, the remainder of your donor-advised fund will go to the DonorsTrust Unrestricted Fund.*

☐ **Unrestricted Fund** \$ _____ **OR** _____ % of account remainder.

☐ **Strategic Venture Fund** (*Please indicate the dollar amount or percent of assets to be disbursed to each fund.*)

Arts & Culture _____	Environment _____	Social Welfare _____
Economics _____	Education _____	Governance _____
Health _____	Veritas Fund (Higher Ed.) _____	Other _____

☐ **Public Charity** _____ ☐ **Public Charity** _____

Contact Name _____	Contact Name _____
Mailing Address _____	Mailing Address _____
City, State, Zip _____	City, State, Zip _____
Phone _____	Phone _____
Fax _____	Fax _____
Website _____	Website _____
Federal Tax ID# _____	Federal Tax ID# _____
Gift Amount \$ _____	Gift Amount \$ _____
OR % of Account _____	OR % of Account _____

Attach additional sheets as necessary.

Section I: Signature. I have read the *Donor's Guide to DonorsTrust* and understand the mission statement, grantmaking principles, and general rules and guidelines that apply to all DonorsTrust grant disbursements. Additionally, I understand that if I do not appoint successors or beneficiaries to this donor-advised fund, the remainder assets will be transferred to the DonorsTrust Unrestricted Fund at the death of the last original account holder. I do hereby acknowledge and accept these conditions as stated in the *Donor's Guide*. I understand that any contribution, once accepted by DonorsTrust, represents an irrevocable charitable gift to DonorsTrust, and DonorsTrust has exclusive legal control over the assets contributed.

Account Holder Signature _____ **Date** _____

Account Holder Signature _____ **Date** _____