

## DONOR ADVISED FUND AGREEMENT

Name of Fund \_\_\_\_\_

*(Your fund may be named for yourself, a family member or any name you choose.)*

DONOR #1 \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Home Email: \_\_\_\_\_

Primary Home Address: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Primary Business Name: \_\_\_\_\_ Business Email: \_\_\_\_\_

Business Address: \_\_\_\_\_ Business Phone: ( ) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Business Fax: ( ) \_\_\_\_\_

I prefer to receive mail at  Home  Business I prefer to be contacted at  Home  Business

DONOR #2 \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Home Email: \_\_\_\_\_

Primary Home Address *(if same as above, leave blank)*: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Primary Business Name: \_\_\_\_\_ Business Email: \_\_\_\_\_

Business Address: \_\_\_\_\_ Business Phone: ( ) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Business Fax: ( ) \_\_\_\_\_

I prefer to receive mail at  Home  Business I prefer to be contacted at  Home  Business

### Statements

Statements for your account are available through DonorView, our secure online management system.

I prefer to receive my statements through the mail.

### Additional Advisors *(optional)*

Note: Donors can extend the privilege of grant making to other individuals during their lifetime, in accordance with Section 4.4 of the Policies and Procedures of Donor Advised Funds. Please indicate below if you would like additional individuals added as advisors to the fund:

ADVISOR #1 \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Email: \_\_\_\_\_

Primary Home Address: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

ADVISOR #2 \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Email: \_\_\_\_\_

Primary Home Address: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

## Initial Contribution (\$1,000 minimum)

**Cash** \$ \_\_\_\_\_ (Please make your check payable to the Jewish Federation of Metropolitan Chicago.)

**Credit Card**    Visa    Mastercard    American Express    Discover

Please note that a fee of 4% is imposed by the credit card company and will be deducted from the total charge; however, the full amount of your credit card gift is tax-deductible.

Amount: \_\_\_\_\_ Account No.: \_\_\_\_\_

Cardholder: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
*(Please write name exactly as it appears on card)*

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Securities** (Please attach additional page if more space is needed)

Number of shares: \_\_\_\_\_ Company: \_\_\_\_\_

Number of shares: \_\_\_\_\_ Company: \_\_\_\_\_

Number of shares: \_\_\_\_\_ Company: \_\_\_\_\_

**Other Assets** (Please describe) \_\_\_\_\_

To discuss gifting other assets, please contact a professional from the Donor Advised Fund Program at [legacy@juf.org](mailto:legacy@juf.org) or (312) 357-4853.

## Investment Recommendation

You may choose up to four investment vehicles; a minimum of \$1,000 must be invested in each of the chosen vehicles. If no recommendations are made, all assets will be invested in the Guaranteed Earnings Account.

### STANDARD INVESTMENT OPTIONS

	Dollars	OR	Percentages
JFMC Pooled Endowment Portfolio, LLC (\$50,000 minimum)	\$ _____		% _____
JFMC Guaranteed Earnings Account (GEA)	\$ _____		% _____
Fidelity Extended Market Index Fund (FSEMX)	\$ _____		% _____
Fidelity 500 Index Fund (FUSVX)	\$ _____		% _____
Fidelity Asset Manager 70% (FASGX)	\$ _____		% _____
Fidelity Growth and Income Portfolio (FGRIX)	\$ _____		% _____
Fidelity Blue Chip Growth Fund (FBGRX)	\$ _____		% _____
Fidelity Diversified International Fund (FDIVX)	\$ _____		% _____
Fidelity US Bond Index Fund (FSITX)	\$ _____		% _____
Vanguard Social Index Fund (VFTSX)	\$ _____		% _____
State of Israel Bonds	\$ _____		% _____

### NON-STANDARD INVESTMENT OPTIONS

Non-standard investments must be approved by the Jewish Federation. If you are interested in non-standard investments, such as an outside investment advisor, please contact a professional from the Donor Advised Fund Program at [legacy@juf.org](mailto:legacy@juf.org) or (312) 357-4853.

### Declaration of Intent Provision (optional)

It is my intention to maintain a balance in my donor advised fund, which upon the termination of the fund will be distributed to the Jewish Federation/Jewish United Fund of Metropolitan Chicago under the terms and provisions of the Policies and Procedures of Donor Advised Funds.

Donor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Donor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Successors

In accordance with Section 4.8 of the Policies and Procedures of Donor Advised Funds, under certain circumstances, donor(s) may designate individuals to make recommendations from the donor advised fund upon their death(s). If you are interested in discussing this provision further, please contact a professional from the Donor Advised Fund Program at [legacy@juf.org](mailto:legacy@juf.org) or (312) 357-4853.

### Publicity

I understand and agree that the name of the donor advised fund hereby established as well as my/our name(s) may be published in the Jewish Federation/Jewish United Fund's publications, such as the *Book of Life*.

No, my fund name may **not** be published       No, my/our name(s) may **not** be published

### Referral

Please tell us how you heard about our donor advised program.

Family/Friend       JewishUnited Fund/Jewish Federation website       JewishUnited Fund/Jewish Federation staff member  
 Colleague       Mailing       Financial Advisor/Attorney/Accountant  
 Other \_\_\_\_\_

### Acknowledgement of Agreement

I acknowledge that I have read the Policies and Procedures of Donor Advised Funds and agree to its terms and/or conditions. I understand that upon acceptance of this agreement, I am making a gift to the Jewish Federation of Metropolitan Chicago. I understand that the Jewish Federation of Metropolitan Chicago shall have exclusive legal control over all assets in the Fund created by this gift. I certify that all information in this application is accurate and I will notify the Jewish Federation of Metropolitan Chicago of any changes.

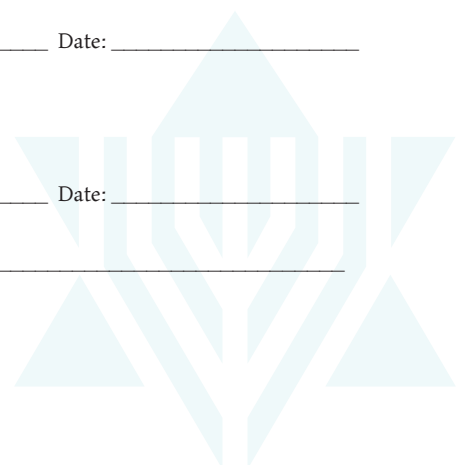
Donor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Donor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Accepted by the Jewish Federation of Metropolitan Chicago

By: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_





**The Center for Jewish Philanthropy**

Jewish United Fund/Jewish Federation of Metropolitan Chicago  
30 South Wells Street, Chicago, Illinois

[www.juf.org](http://www.juf.org)