

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 3.5% 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 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
Federation Pooled Portfolio (\$50,000 minimum)	\$ _____		% _____
Guaranteed Earnings Account (GEA)	\$ _____		% _____
Domini Social Equity Fund (DSEFX)	\$ _____		% _____
Fidelity Intermediate Term Bond Fund (FTHR)	\$ _____		% _____
Fidelity Asset Manager 50% (FASMX)	\$ _____		% _____
Fidelity Asset Manager 70%—Growth (FASGX)	\$ _____		% _____
Fidelity Asset Manager 85%—Aggressive (FAMRX)	\$ _____		% _____
Fidelity Equity Income Fund (FEQIX)	\$ _____		% _____
Fidelity Growth and Income Fund (FGRIX)	\$ _____		% _____
Fidelity Blue Chip Growth Fund (FBGRX)	\$ _____		% _____
Fidelity Mid-Cap Stock Fund (FMCSX)	\$ _____		% _____
Fidelity Diversified International Fund (FDIVX)	\$ _____		% _____
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 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* 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*.

- Yes, my fund name may be published Yes, my/our name(s) may be published
- 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.

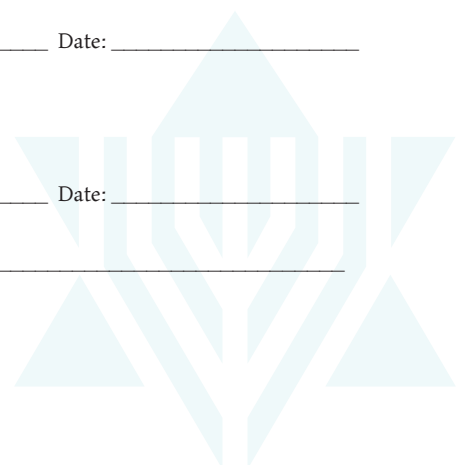
Donor Signature: _____ Date: _____

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