

## DONOR ADVISED FUND APPLICATION

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

### Donor(s)

Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

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

E-Mail: \_\_\_\_\_

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

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

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

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

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

Prefer to receive mail at:  Home  Business

Prefer to be contacted at:  Home  Business

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

**Cash** \$ \_\_\_\_\_

**Credit Card**  Visa  Mastercard

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: \_\_\_\_\_

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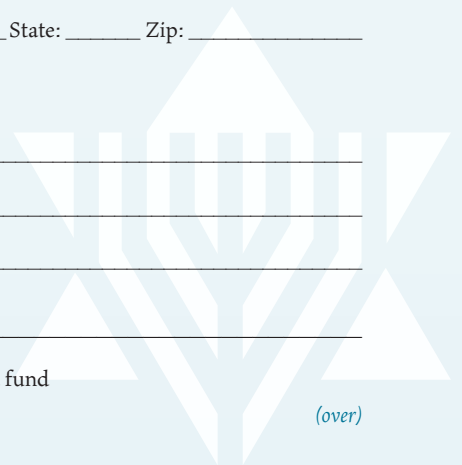
Number of shares: \_\_\_\_\_ Company: \_\_\_\_\_

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

To discuss gifting other assets, please contact the staff member assisting you with the donor advised fund or contact the Jewish Federation of Metropolitan Chicago at (312) 357-4853.

*(over)*

<b>FOR OFFICE USE ONLY</b> Fund # _____ Date Received _____
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## Investment Recommendation

(A minimum of \$1,000 must be invested in each vehicle. If no recommendations are made, all assets will be invested in the Guaranteed Earnings Account.)

Investment Vehicles:	Dollars	OR	Percentages
Guaranteed Earnings Account	\$ _____		% _____
Domini Social Equity Fund (DSEFX)	\$ _____		% _____
Fidelity Intermediate Term Bond Fund (FTHRFX)	\$ _____		% _____
Federation Pooled Portfolio (\$100,000 minimum)	\$ _____		% _____
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	\$ _____		% _____

## Declaration of Intent Provision

I understand that upon acceptance of this application, I am making a Continuity gift to the Jewish Federation of Metropolitan Chicago. It is my intention to maintain a balance in my philanthropic 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 Restatement of Procedures for Operation of Philanthropic Funds.

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

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

I understand and agree that the name of the philanthropic fund hereby established as well as my/our name(s) may be published by 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

I acknowledge that I have read the Restatement of Procedures for Operation of Philanthropic Funds and agree to its terms and/or conditions. 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: \_\_\_\_\_

**Note:** In accordance with Section 4.8 of the Restatement of Procedures for Operation 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 the staff member assisting you with the donor advised fund, or call the Jewish Federation of Metropolitan Chicago at (312) 357-4853.