

Memorial Fund

Donor Application

A. DONOR INFORMATION

Donors may name the fund, recommend grant distributions, recommend investment allocations, designate recommenders and interested parties, and submit a succession plan.

Each donor may act independently

OR

Donors must act jointly

Name of donor 1

Name of donor 2

Relationship to donor 1

*Date of birth – required for security purposes

*Date of birth – required for security purposes

Business name

Business name

Business address

Business address

City

State

Zip

City

State

Zip

Business phone

Business phone

Business fax

Business fax

Home address

Home address

City

State

Zip

City

State

Zip

Home phone

Home phone

Home fax

Home fax

Email

Email

Online access to fund: Yes No

Online access to fund: Yes No

Preferred mailing address: Home Business

Do you have a private foundation? Yes No

SALUTATION

Please indicate how you would like to be addressed in our correspondence to you:

Dear: _____

(e.g., Dear John and Jane; Dear Mr. and Mrs. Smith)

B. NAME YOUR FUND

You have the privilege of naming your fund. Grants made from your fund are accompanied by a letter which includes the fund name, as well as the name and address of the person recommending the grant, unless anonymity is requested. A fund number will be assigned to you once your initial contribution and donor application are received.

Name of your fund

May we list your fund name in our Annual Report? Yes No

C. ADDITIONAL FUND PARTICIPANTS DURING YOUR LIFETIME: RECOMMENDERS

If you would like to authorize additional family members or other individuals to obtain fund information and recommend grants, please provide us with their contact information. (*You may attach additional sheets if necessary.*)

We will mail them a *Policies and Procedures* booklet and a *Recommender Agreement*, which must be returned to us before they may begin using the fund. You may add or remove recommenders from your fund at any time.

Upon the death of all donors, recommenders assume all the privileges of recommendation that were conferred on the donors (see section A).

Name

Name

*Date of birth – required for security purposes

*Date of birth – required for security purposes

Relationship to donor

Relationship to donor

Company

Company

Address

Address

City

State

Zip

City

State

Zip

Daytime phone

Daytime phone

Email

Email

Each recommender may act independently OR Each recommender must act jointly with a donor

D. SUCCESSION PLAN

All succession plans must be submitted in writing and approved by the Jewish Communal Fund during your lifetime. You may change your successor designations at any time. You may not designate successors through your will.

Successor Recommenders. Successor recommenders assume all the privileges of recommendation following the death of the last surviving donor or recommender. **A successor recommender may designate his or her own successor recommenders, unless the donor has indicated otherwise.** (*You may attach additional sheets if necessary.*)

Name

Name

*Date of birth – required for security purposes

*Date of birth – required for security purposes

Relationship to donor

Relationship to donor

Address

Address

City

State

Zip

City

State

Zip

Each successor may act independently OR All successors must act jointly OR

Divide remaining assets evenly to establish separate funds for each successor

Successor Charity. If you do not wish to name a successor recommender, you may recommend one or more IRS-qualified public charities, or you may choose a combination of both. If you choose both, please attach a letter describing the succession plan you would like to establish for your fund indicating what percentage will go directly to charity and who will serve as successor recommender(s) on the balance of assets in the fund. *(You may attach additional sheets if necessary.)*

Please note: By law, JCF is unable to make grants to certain types of charities. Please refer to the *Policies and Procedures* booklet for grantmaking guidelines.

_____ Name of organization			_____ Name of organization		
_____ Address			_____ Address		
_____ City	_____ State	_____ Zip	_____ City	_____ State	_____ Zip
_____ Percent of fund assets			_____ Percent of fund assets		

E. INTERESTED PARTIES

You may authorize your assistant, accountant, tax advisor, or other person to obtain information about your fund. Please select which privileges you would like to extend. The individual you name below will have these privileges only during your lifetime. You may add or remove interested parties at any time by written request.

- Sign grant recommendations on my behalf, during my lifetime.
- Sign investment recommendations on my behalf, during my lifetime.
- Obtain confidential information about my fund balance, contributions, and grant recommendations from the Jewish Communal Fund by phone, fax, mail or online services, during my lifetime.

Name

*Date of birth – required for security purposes

Relationship to donor

Company

Address

City State Zip

Daytime phone

Email

X

Signature of interested party

F. INITIAL CONTRIBUTION \$5,000 is required to begin using the fund.

CASH

- Send check Make payable to Jewish Communal Fund \$ _____
- Wire cash Please call JCF before wiring \$ _____
- Credit Card Please call JCF regarding credit card fees \$ _____

MARKETABLE SECURITIES

If you are transferring securities via DTC, please send one copy of the *Securities Transfer Instructions* form to your broker and a copy to the Jewish Communal Fund.

If you are delivering stock certificates, please deliver a stock power under separate cover with a signature guarantee. A signature guarantee may be obtained from a bank or broker.

Broker name:	Firm name:	Telephone:
Name of security:	Number of shares or units:	Approximate dollar amount:

Broker name:	Firm name:	Telephone:
Name of security:	Number of shares or units:	Approximate dollar amount:

MUTUAL FUND SHARES Please call JCF for transfer instructions.

G. ACKNOWLEDGMENTS

- ✓ I acknowledge that I have read the *Policies and Procedures* booklet and agree to its terms and/or conditions. I certify that all information in this application is accurate and complete and I will notify the Jewish Communal Fund of any changes.
- ✓ I acknowledge that if the donors have elected to act independently, each donor has the right to name the fund, recommend grant distributions, recommend investment alternatives, and designate recommenders and successors unless and until both donors notify the Jewish Communal Fund to the contrary. There may be circumstances in which the Jewish Communal Fund may, in its discretion, forego taking any further action with respect to the fund and require the donors to provide joint instructions going forward.
- ✓ I understand that if no successor recommender or successor charity designation is on file at the Jewish Communal Fund, at the time of my death or the death of the last recommender, the income and principal remaining in the fund will be transferred to the JCF Special Gifts Fund. The Board of Trustees of the Jewish Communal Fund assumes responsibility for distributing income and principal from said Fund.

H. SIGNATURES

All donors named on page 1 must sign below to establish a fund.

Donor 1 signature	Date
Donor 2 signature	Date
Acknowledged for Jewish Communal Fund by	Date

How did you hear about the Jewish Communal Fund?

- Advisor JCF donor Radio Event Mailing Press

Referred by: _____