



## 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.

\_\_\_\_\_  
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

**F. INITIAL CONTRIBUTION**

**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                              \$ \_\_\_\_\_
- Interfund Transfer                      Recommend grant to JCF and  
include new fund name under purpose                              \$ \_\_\_\_\_

**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.

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, then 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

Name of person who referred you (so we can send our thanks): \_\_\_\_\_