



FJC COLLECTIVE GIVING ACCOUNT PROGRAM OPTIONS

These optional features may be requested when an Account is established or at any later time.

Account Name: _____ **Account No.** _____

IMPORTANT: For information about the privileges of Advisors, please consult the Summary of Procedures and Rules for Collective Giving Accounts.

DESIGNATION OF ADDITIONAL RECOMMENDERS

Up to three people may serve as Advisors for the Fund at any one time.

Additional Advisor*

Name	Social Security Number
Address	Daytime Telephone
City/State Zip	Fax
Relationship to Advisor/Project	E-mail
Additional Advisor's Signature	Receive Fund Statements: <input type="checkbox"/> yes <input type="checkbox"/> no
User ID - This will be used for accessing the FJC DonorWeb and submitting account requests via e-mail. Your ID may be 5-10 characters. Please note that it is case sensitive. If you do not supply a User ID at this time FJC will generate a default ID for you.	DonorWeb Access: <input type="checkbox"/> Read Only <input type="checkbox"/> Full Access <input type="checkbox"/> No Access

Additional Advisor*

Name	Social Security Number
Address	Daytime Telephone
City/State Zip	Fax
Relationship to Advisor/Project	E-mail
Additional Advisor's Signature	Receive Fund Statements: <input type="checkbox"/> yes <input type="checkbox"/> no
User ID - This will be used for accessing the FJC DonorWeb and submitting account requests via e-mail. Your ID may be 5-10 characters. Please note that it is case sensitive. If you do not supply a User ID at this time FJC will generate a default ID for you.	DonorWeb Access: <input type="checkbox"/> Read Only <input type="checkbox"/> Full Access <input type="checkbox"/> No Access

IMPORTANT: In order for FJC to accept grant and investment recommendations from a Recommender, we must have that Recommender's contact information and signature on file.

DESIGNATION OF SUCCESSOR ADVISORS

These individuals are authorized to make recommendations of investments of, and distributions from, the Fund after the death or disability of the Advisors and the death, disability, termination or resignation of all the Additional Advisors.

Successor Advisor

Name _____

Social Security Number _____

Address _____

Daytime Telephone _____

City/State _____ Zip _____

Fax _____

Relationship to Advisors/Project _____

E-mail _____

This Successor Advisor may replace any other Advisor:

OR

This Successor Advisor may replace the following Advisor:

Please Initial: _____

Print Name: _____

Please Initial: _____

Successor Advisor

Name _____

Social Security Number _____

Address _____

Daytime Telephone _____

City/State _____ Zip _____

Fax _____

Relationship to Advisors/Project _____

E-mail _____

This Successor Advisor may replace any other Advisor:

OR

This Successor Advisor may replace the following Advisor:

Please Initial: _____

Print Name: _____

Please Initial: _____

Successor Advisor

Name _____

Social Security Number _____

Address _____

Daytime Telephone _____

City/State _____ Zip _____

Fax _____

Relationship to Advisors/Project _____

E-mail _____

This Successor Advisor may replace any other Advisor:

OR

This Successor Advisor may replace the following Advisor:

Please Initial: _____

Print Name: _____

Please Initial: _____

FINAL DISTRIBUTION OF FUNDS

At such time as there are no surviving Advisors, I/we recommend that any amounts remaining in my/our Fund should be treated as follows:

_____ % of the remaining balance be placed in the General Endowment Fund of FJC to create a Memorial Fund in the name of:

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_____ % of the remaining balance be maintained at FJC and the income from the Fund be contributed annually, in the percentages shown, to the following charities:

%	Charity Name and Address

_____ % of the remaining balance be contributed, in the percentages shown, to the following charities:

%	Charity Name and Address

SIGNATURES

Advisor Signature

Date

Advisor Signature

Date
